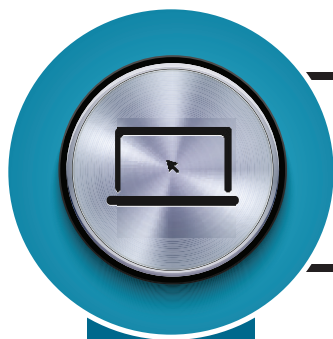


EDI Connection



Index

Illegible and Out-of-Date EDI Forms	1
myCGS Now Offers Multi-Factor Authentication for Added Security	2
Need Assistance Translating the 999 and 277CA Reports	2
Moving from Paper to Electronic Claim Submission?	2
Updating Submitter ID Information on EDI Application	3
Tips for myCGS password Issues	3
Top 10 ANSI Claim Rejections - Part A	3
Top 10 ANSI Claim Rejections - Part B	4
Top 10 ANSI Claim Rejections - Home Health & Hospice	5

Illegible and Out-of-Date EDI Forms

Recently there has been an increase in out of date and/or illegible applications.

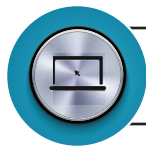
Some helpful information on accuracy that will prevent the EDI forms from being returned for errors:

- Using the most updated forms from the <http://www.cgsmedicare.com> website will ensure you have the most recent and legible forms. **All of our application forms with the exception of the Online Inquiry form have now been updated. All outdated or illegible forms will be rejected and returned.**
- Please make sure all EDI applications are signed and clearly indicated with 837/835 request. EDI forms may be found by accessing <http://www.cgsmedicare.com>, (New setups will also require an EDI Enrollment form). On 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 PTAN per application.
- The PTAN, name and full 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.
- The EDI Enrollment form is only needed if your providers that has never been setup to file electronic claims.
- Make sure to always use the **most recent** forms from the CGS 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.

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.**

Here are Some Tips from Our IT Department On Adjusting Your Settings for Better Fax Quality

- A dirty glass on a scanning device (fax or scanner), bad phone lines, slow networks can all affect a fax.
- Emails are point to point, with guaranteed transmissions. Faxes are more like electronic broadcasts, and the results are not, in any way, guaranteed. Every variable along the way will add to the degradation of the transmission.



RightFax - Conversion Quality Is Poor for an Attached PDF Document

Symptom: When you use the following registry subkey, the converted PDF may be too dark:

```
GSPostScriptCode (REG_SZ) = <</Install {{0.60 gt {1}{0} ifelse} settransfer}>>setpagedevice
```

Solution: The status of this issue is Open and under review by the Support, Product Management, and Development Teams. Please check this article later for status updates. If you are affected by this issue, please contact Customer Support (http://cp.mcafee.com/d/k-Kr6xESyMehovusKCrdEEFELcFLLEcQkkQnCKt6kjpI-SrIII-BaMVSDpNMIK_LyG23W3byp0Iluho5mbWyaCzAQsECzAlt89zDhRy1EVssIrdCPp05lrUjYfDO-9UhfGgQ_5RJwmNtro5yZGMDJFY0gSrijvsdCXCQPrNKVJUSyrh) to be added to the issue list.

Workaround:

- Browse to:


```
HKLM\SOFTWARE\RightFax\WorkServer\WorkSrvX
```

 for 32-bit systems

```
HKLM\SOFTWARE Wow6432Node\RightFax\WorkServer\WorkSrvX
```

 for 64-bit systems where X is the number of the WorkServer.
- Attempt to improve the PDF conversion quality by using the following registry subkeys for each WorkServer that has PostScript enabled:


```
GhostDownScaleFactor (REG_DWORD) = 4
```

```
PCL6_DownScaleFactor (REG_DWORD) = 4
```

```
NativeDocControl (REG_MULTI_SZ) = PDF,5
```
- Lower the contrast value for the GSPostScriptCode registry subkey:


```
GSPostScriptCode (REG_SZ) = <</Install {{0.90 gt {1}{0} ifelse} settransfer}>>setpagedevice
```

Note: This is taken from page 358 of the 10.6 FP1 Administrators Guide.

DISCLAIMER: OpenText recommends that you back up your registry files ([SYSTEM.DAT](#) and [USER.DAT](#)) before making any changes. OpenText will not be responsible for improper modification of the system registry. Using Registry Editor incorrectly can cause serious issues that may require you to reinstall Microsoft Windows.

digit verification code via the option you selected (text or email). Once the verification code is entered, you will have access to the myCGS website portal.

Please refer to the *myCGS User Manual*, Chapter 1: Overview of myCGS (<http://cgsmedicare.com/pdf/mycgs/chapter1.pdf>) document for more information.

Need Assistance Translating the 999 and 277CA Reports

CGS has software that can translate the 999 and 277ca response reports. The PC-ACE Pro32 software is located on the CGS website (<http://www.cgsmedicare.com/partb/edi/pro32/index.html>).

Our website also contains instructions on where to download the files in the software and how to pull up the reports once downloaded. The link below is the instructions: http://www.cgsmedicare.com/pdf/new_edi_reports.pdf

Moving from Paper to Electronic Claim Submission?

Use these helpful Crosswalks to match your claims, field for field.

Professional Claim

There are two ways to file Medicare claims to CGS – electronically or through a paper form created by the Centers for Medicare & Medicaid Services (CMS-1500). The required information is the same regardless of whether you file electronically or if you qualify for an exception to file paper claims. This document illustrates how each element on paper claims corresponds with the loops and segments for electronic claims.

Each individual loop on an electronic claim has a segment component where the data is entered. The loops and segments contain the readable information that provides the clearinghouse the identifying information for the claim that was filed. The loops on an electronic claim are organized by categories of information that match data elements on the CMS-1500 claim form (http://www.cgsmedicare.com/pdf/5010_JobAid.pdf).

Institutional Claim

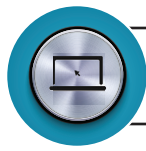
The implementation of the ASC 837I v5010A2 presented substantial changes in the content of the data Institutional providers submit with their claims. In order to help Institutional providers with these changes, we have created a CMS-1450 Claim Form Crosswalk to ASC 837I v5010A2 Institutional Health Care Claim (<http://cgsmedicare.com/parta/pubs/news/2011/1111/cope17170.pdf>).

myCGS Now Offers Multi-Factor Authentication for Added Security

CGS has implemented the Multi-Factor Authentication (MFA) to enhance the security of Medicare data, as well as myCGS user data. This feature is optional. MFA offers an extra layer of security to help keep your myCGS account secure even if someone manages to obtain your password without your knowledge.

How to Activate MFA

When logging into myCGS, you can choose to turn the MFA feature on by accessing the My Account tab. Once MFA is successfully activated, you will be presented with a verification page. You may select to receive an eight-digit verification code via text (if a mobile phone number was entered on the My Account tab), or via an email message. Each time you access myCGS, you will receive the eight-



Updating Submitter ID Information on EDI Application

In an attempt to expedite and alleviate returned applications, we have well-defined instructions for updating the provider, clearinghouse or billing service Submitter ID (own the Submitter ID of the business) information on the EDI Application.

Please fax a letter to the EDI Department on company letterhead stating the address has changed with the date and signature of an authorized official (incorporate the following information in the body of the letter):

- The Submitter ID
- The old address of the Line of Business (LOB)
- The new address of the LOB
- A contact phone number
- Name of the person to be contacted

Note: If Provider owns their Submitter ID they are advised to confirm the address or Entity Name has been changed with Provider Enrollment prior to submitting updated changes to EDI.

Fax the letter to the EDI Department at the appropriate fax number:

- Part A KY:** 1.615.664.5943 **Part B OH:** 1.615.664.5927
Part A OH: 1.615.664.5945 **HH&H:** 1.615.664.5947
Part B KY: 1.615.664.5917

Top 10 ANSI Claim Rejections - Part A

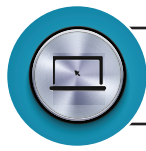
Edit Number	Business Edit Message	Resolution
1 X223.090. 2010AA. REF02.050	CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" EIC: 85 "Billing Provider"	Please verify the Tax Identification (ID) and Billing Provider NPI corresponds with information on file with Provider Enrollment at CGS. The claims will reject if the Tax ID and Billing Provider NPI information does not match our records.
2 X223.424.2400. SV202-7.025	"CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 306: Detailed description of service	When 2400.SV202-2 contains a non-specific procedure code, a description in SV202-7 must be present.
3 X223.112. 2010BA. NM109.020	"CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber"	The member Identification Number, must be 10-11 positions in the format of ANNNNNN, AANNNNNN, ANNNNNNNNN, AANNNNNNNNN, AAANNNNNN, or AAANNNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.
4 X223.424.2400. SV202-2.020	"CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS"	Please verify that the HCPCS code is valid and active for the date of service.
5 X223.387. 2330B. N403.030	"CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer"	2330A.N403 must be a valid postal/zip code when N404 equals US or blank.
6 X223.116. 2010BA. N403.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: IL "Subscriber"	2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank

Tips for myCGS password Issues

When it comes to the myCGS portal, passwords need to be changed every 60 days. If you fail to change it within the 60 days, forget your password or get an error message that it is wrong, you can click on the link that says "Forgot your password?". The link is found directly below the box that you enter your user id and password. This option must be chosen before the third incorrect attempt or you will be locked out.

Additionally, if you are not the administrator or not the only administrator on the account, you will need to contact the active administrator in order to reset your password. You can do this even if you have received the error message stating that you have been locked out due to excessive bad log in attempts. After the administrator logs in they will click on the admin tab, this will take them to a list of all active users as well as other admins. They will then find the user needing assistance and click on "edit" to the right of the user's name. This will take them to the screen where they can type in a temporary password for the user which must follow all normal password criteria. The user will then be able to log in and the system will prompt them to reset the temporary password to one of their choosing.

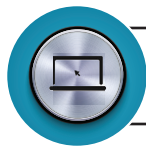
For additional information about passwords please view the link: http://www.cgsmedicare.com/pdf/mycgs_passwordquickrefguide.pdf



Edit Number	Business Edit Message	Resolution
7 X223.143.2300. CLM02.080	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 400: "Claim is out of Balance" CSC 672 "Payer's payment information is out of balance"	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 2320 AMT02 (when AMT01=D) for each other payer occurrence.
8 X223.381. 2330A. N403.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: GB "Other Insured"	2330A.N403 must be a valid postal/zip Code when N404 equals US or blank.
9 X223.424.2400. SV201.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 455: "Revenue code for services rendered"	2400.SV201 must be a valid revenue code.
10 X223.322. 2310A. PRV03.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 145: "Entity's specialty/taxonomy code" EIC: 71 "Attending Physician"	2310A .PRV03 must be a valid Provider Taxonomy Code.

Top 10 ANSI Claim Rejections - Part B

Edit Number	Business Edit Message	Resolution
1 X222.351.2400. SV101-2.020	This Claim is rejected for relational field Information within the HCPCS	Verify the procedure code (HCPCS or CPT) submitted is valid. If invalid, please correct and resubmit the claim(s) affected.
2 X222.094.2010AA. REF02.050	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	Verify the Billing Provider NPI (NM1*85*2 or NM1*85*1) and Tax ID (REF* EI) is valid and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s) affected.
3 X222.121.2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/member number	Verify the Patient member ID number (Patient's Medicare number, HICN) is valid. Please correct and resubmit the claim(s) affected.
4 X222.262.2310B. NM109.030	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	Verify the Rendering Provider's NPI is valid, contains 10 digits and matches what we have on file. Note: For 5010, The Billing Provider and Rendering Provider name and NPI must be different. We suggest that you remove the Rendering Provider name and NPI. (Only when the name and NPI are the same).
5 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	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) affected.
6 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. If invalid, please correct and resubmit the file(s) affected.
7 X222.087.2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	Verify the Billing Provider NPI is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s) affected.
8 X222.351.2400. SV101-3.010	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	Please verify that the HCPCS/Modifier codes are valid and active for the date of service sent on your claims electronically.
9 X222.351.2400. SV101-7.020	This Claim is rejected for relational field Information within the Detailed description of service	When you send a non-specific Procedure code (SV101-2) for a drug prescribed, supplied or administered and the Drug code (2410 LIN03) submitted for the patient's claim, the description of Drug name and quantity of units is the only information required in this field. (Example – SV1*HC:J3301:::TRIAMCINOLONE ACETONIDE 10 MG*150*UN*1)
10 X222.157.2300. CLM05-3.020	This Claim is rejected for Invalid Information within the Claim Frequency Code	Verify the Claim Frequency Type Code (CLM05-3) is valid. If invalid, please correct and submit the claim(s) affected. Note: Must be 1 – original claim



Top 10 ANSI Claim Rejections - Home Health & Hospice

Edit Number	Business Edit Message	Resolution
1 X223.090. 2010AA. REF02.050	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"	Please verify the Tax Identification (ID) and Billing Provider NPI corresponds with information on file with Provider Enrollment at CGS. The claims will reject if the Tax ID and Billing Provider NPI information does not match our records.
2 X223.345. 2310E. N403.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 77 "Service Location"	2310E.N403 "Service Location" must be a valid 9 digit zip code.
3 X223.424. 2400.SV202- 2.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 507: "HCPCS"	Please verify that the HCPCS code is valid and active for the date of service.
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 X223.112. 2010BA. NM109.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber"	The member Identification Number, must be 10-11 positions in the format of ANNNNNN, AANNNNNN, ANNNNNNNNN, AANNNNNNNNN, AAANNNNNN, or AAANNNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.
6 X223.153.2300. CL103.015	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 234: "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 X223.449.2410. LIN03.015	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 218: "NDC Number"	2410.LIN03 must be 11 bytes alpha-numeric
8 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 with a detailed description of service when 2400.SV202-2 contains a non-specific procedure code.
9 X223.423.2400. LX01.030	CSCC A3: "Acknowledgement /Returned as unprocessable claim" CSC 121: "Service line number greater than maximum allowable for payer"	2400.LX01 must be > (greater than) 0 and < (less than)= 449 "Service line number.
10 X223.184.2300. HI01-2.030	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 254: "Principal diagnosis code"	If 2300.HI01-1 is "ABK" Qualifier, then 2300.HI01-2 must be a valid ICD-10 Diagnosis code.