



# EDI CONNECTION

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## Thank You for Calling the Electronic Data Interchange Department (EDI) - We Can Assist with the Following Types of Calls

The EDI Help Desk staff is available Monday through Friday 8:00 a.m. to 5:00 p.m. E.T.

We can provide information about electronic billing in addition to a wide range of other topics related to EDI.

- EDI Enrollment
- Free Billing Software
- Understanding 277CA & 999 rejections
- myCGS
- Electronic Remittance
- Signing up for Direct Data Entry (DDE)
- Administrative Simplification and Compliance Act (ASCA)

For assistance with these topics or EDI topics not listed call the EDI Help Desk at the numbers listed below:

- **Part B:** 1.866.276.9558, Option 2
- **Part A:** 1.866.590.6703, Option 2
- **HHH:** 1.877.299.4500, Option 2

## What Is Needed When Calling the CGS EDI Department?

CGS is customer focused and strives to make every calling experience pleasant. When calling the EDI Department, we ask that you have all your pertinent information available. Please be ready to give your name, contact phone number, PTAN, NPI, and Tax ID. If you are calling concerning myCGS, have your Userid/Username, if applicable, also. Clearinghouses, Billing Services should have the Submitter ID when calling to have 835 files restored, checking EDI Enrollment Status, or discussing 277/999 rejections. Providers need to have their submitter ID or at least know the name of their Clearinghouse or Billing Service. Having all this information ready when calling, makes this a seamless process.

## myCGS Administrator Unlock Feature

Provider Administrators now have the ability to unlock users and other Administrators. Whenever a user has been locked out after three unsuccessful attempts within a 120-minute time span, the Administrator will log into myCGS, click their Admin tab, select the locked user, and click the settings icon to unlock the user or reset their password. Whenever a user is locked out, the following message will display:

Your myCGS account access has been locked due to excessive bad login attempts. To request an account unlock please contact your Account Administrator. If you are the only Account Administrator for your organization, please contact CGS Customer Support.

The user will no longer have to contact myCGS Help Desk for assistance. CGS recommends at least two active Administrators listed for each provider location to be sure all users have access or if one Administrator is not available.



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## myCGS System Requirements

myCGS, our secure online Web portal, allows CGS J15 providers to perform many functions securely over the Web. This includes submitting Part B claims electronic claims and requests for Redetermination and Reopening. Recently we have received inquiries from providers who have been unable to submit attachments when performing these functions.

To ensure you can utilize this FREE self-service option, please update your browsers so that they meet the minimum necessary requirements prior to using myCGS.

### myCGS System Requirements

To optimize usability of myCGS, we recommend that users verify their system adheres to the following requirements.

<b>Operating System:</b>	<ul style="list-style-type: none"> <li>Windows 10 (or later)</li> <li>Mac OS X 10.x (or later)</li> </ul>
<b>Supported Internet Browsers:</b>	<ul style="list-style-type: none"> <li>Internet Explorer: Version 11.x (or later) and EDGE</li> <li>Mozilla Firefox: Version 69.x (or later)</li> <li>Google Chrome: Version 80.x (or later)</li> <li>Safari: Version 10.X (or later)</li> <li>Opera: 5.X</li> </ul>
<b>Recommended Screen Resolution:</b>	<ul style="list-style-type: none"> <li>1024 x 768</li> </ul>
<b>Additional Requirements:</b>	<ul style="list-style-type: none"> <li>Adobe Acrobat Reader Version X (or later) or Adobe Acrobat Pro Version X (or later)</li> <li>JavaScript enabled</li> <li>Compatibility view disabled</li> <li>Pop-up blocker disabled</li> <li>Use TLS 1.2 selected in browser settings</li> </ul>

**Please Note:** Although myCGS may still be accessible without meeting these requirements, only the options above are supported. Failure to meet these requirements may adversely affect the functionality and layout of myCGS.

For more information on these and other time and cost saving features available through myCGS, please refer to the *myCGS User Manual* at <https://www.cgsmedicare.com/mycgs/manual.html>.

## Submitting a Part B Medicare Secondary Payer (MSP) eClaim

The myCGS eClaim option allows all Medicare Part B providers to submit electronic claims via the web portal. This option is available to all Part B providers, regardless of whether your office or practice currently submits Part B claims to CGS via Electronic Data Interchange (EDI), using PC-ACE Pro32 electronic filing software, or if you are still approved to file paper claims.

Please visit our website for instructions on submitting MSP claims via eClaim at: <https://www.cgsmedicare.com/partb/pubs/news/2015/0215/cope28475.html>

## 277CA Edit Lookup Tool

The 277CA Edit Lookup Tool allows Trading Partners, billing services, providers, and clearinghouses to view easy-to-understand descriptions associated with the edit code(s) returned on the 277CA — Claim Acknowledgment for 5010A1 claims. The tool allows you to enter the edit codes and will return possible explanations for the cause of the edit.

Enter the edit information located in the STC segment or reported on your acknowledgment file into the 5010A1 277CA Edit Lookup Tool and click Submit.

**Example:** STC\*A7:562:85\*\*U\*1983~

- **A7 = CSCC** (Claim Status Category Code)
- **562 = CSC** (Claim Status Codes)
- **85 = EIC** (Entity Identifier Code)

The results will be returned below the search fields and will display all possibilities for the cause of the edit.

For additional instructions, please refer to *277CA EDI Edit User Guide* ([https://www.cgsmedicare.com/medicare\\_dynamic/edi/2.%20277CA%20EDI%20EDIT%20User%20Guide.pdf](https://www.cgsmedicare.com/medicare_dynamic/edi/2.%20277CA%20EDI%20EDIT%20User%20Guide.pdf)).

## Submitting Claims Through the myCGS Portal

**Part B providers:** Take advantage of submitting claims electronically through the myCGS portal; using the claim submission form (eClaim). This service is **FREE!** Any Part B provider/user registered in myCGS may be granted permission from their account administrator to submit claims. Additionally:

- If claims are already submitted electronically; you can also submit via the portal
- All claims submitted and received through myCGS will be processed as electronic claims.
- “Clean” electronic claims process in as few as 13 days (“payment floor”)
- Job Aid is available to guide you via our website: [https://www.cgsmedicare.com/partb/mycgs/mycgs\\_eclaims\\_jobaid.pdf](https://www.cgsmedicare.com/partb/mycgs/mycgs_eclaims_jobaid.pdf)

When submitting a claim, be sure to have all information used when filing an electronic claim or the CMS-1500 claim form ([https://www.cgsmedicare.com/pdf/5010\\_jobaid.pdf](https://www.cgsmedicare.com/pdf/5010_jobaid.pdf))

A **submission ID** is assigned to your claim once it is uploaded and accepted by our processing system. Use this submission ID to check the status of your claim.

**Note:** Claims that do not pass our edits are rejected, allowing you to correct the claim and resend it.



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## Part A Top Ten Edits

Edit Number	Business Edit Message	Resolution
1 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.
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: 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 AN 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 X223.090. 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"
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 X223.480.2430. CAS.030	This claim is rejected for line level adjustments being present when Medicare is the Primary Payer.	"When Medicare is primary remove the Other Payer Claim Adjustment Indicator (Loop 2330B, REF Segment) and resubmit."
7 X223.423.2400. LX01.030	This claim is rejected for the Service line number greater than maximum allowable for payer.	2400.LX01 must be > 0 and <= 449.
8 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) for each other payer occurrence."
9 X223.424.2400. SV202-7.025	This claim is rejected for a relational field in error for Service(s) Rendered.	Not Otherwise Classified (NOC) procedure codes require a detailed description of the service. NOC drug codes require the name and dosage of the drug. Enter the description in the 2400 SV101-7
10 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.

## Part B Top 10 Edits

Edit Number	Business Edit Message	Resolution
1 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.
2 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.
3 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.
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	2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
5 X222.262. 2310B. NM109.030	This claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	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."



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Edit Number	Business Edit Message	Resolution
6 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 NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN 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."
7 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."
8 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"
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. NM108.020	This claim is rejected for missing information in the Identifier Qualifier's Billing Provider's NPI (National Provider ID)	This Claim is rejected for missing information in the Identifier Qualifier's Billing Provider's NPI (National Provider ID)