



# EDI CONNECTION

## Contents

Past Due: 2025 Annual  
DDE & PPTN Recertification .....1

November 3: myCGS® Green Mail Changes .....1

Customer Service: Make the Most of Your Call ....1

Important: EDI HETS  
Enrollment Form Requirement .....2

**myCGS:** How Do I...? .....2

Part A Top 9 Edits .....2

Part B Top 10 Edits .....3



### Past Due: 2025 Annual DDE & PPTN Recertification

According to our records, **more than 1,000 users** haven't submitted their Annual DDE PPTN Recertification form for 2025. As a result, we're offering a **4<sup>th</sup> extension**.

To ensure your Direct Data Entry (DDE) or Professional Provider Telecommunications Network (PPTN) access isn't interrupted, we encourage you to **complete and submit the form immediately**. Users who fail to recertify by **December 31, 2025**, may experience claim submission and eligibility verification delays due to termination.

Once terminated, you'll need to submit the J15 DDE PPTN Application/Reactivation form to regain access and the normal application processing timeframe will apply.

Please don't wait. Complete the [recertification form](https://cgsmedicare.com/forms/annual_dde_pptn_recert_formRE.pdf) today! ([https://cgsmedicare.com/forms/annual\\_dde\\_pptn\\_recert\\_formRE.pdf](https://cgsmedicare.com/forms/annual_dde_pptn_recert_formRE.pdf))

### November 3: myCGS® Green Mail Changes

As of November 3, 2025, all providers with an active myCGS® account (NPI/PTAN combination) receive green mail only.

This means:

When you submit a myCGS® transaction that requires a CGS response, you'll receive an electronic response in your myCGS® message inbox only. You'll no longer receive a paper copy in the mail. For example, if you use myCGS® to submit documentation in response to an ADR, we'll send our medical review decision to your myCGS® message inbox, but we won't mail a paper copy.

For more information:

- Review our [Top Provider Questions](https://cgsmedicare.com/partb/dyk/mycgs-green-mail.html) (<https://cgsmedicare.com/partb/dyk/mycgs-green-mail.html>).
- If you aren't familiar with the myCGS® message inbox, review the step-by-step instructions in the [myCGS® User Manual](https://cgsmedicare.com/mycgs/mycgs_user_manual_messages.html#messages_main) ([https://cgsmedicare.com/mycgs/mycgs\\_user\\_manual\\_messages.html#messages\\_main](https://cgsmedicare.com/mycgs/mycgs_user_manual_messages.html#messages_main)).
- If you don't have access to the myCGS® Messages tab, [send a request to your myCGS® Provider Administrator](https://cgsmedicare.com/mycgs/ssi/myaccount/myproviders.html) (<https://cgsmedicare.com/mycgs/ssi/myaccount/myproviders.html>).

### Customer Service: Make the Most of Your Call

As of October 1, 2025, Customer Service will assist with one PTAN/NPI combination per call. To make the most of your call, have all authentication details ready before you dial:

- PTAN (6-digit provider number)
- NPI (10-digit provider number)
- Tax ID (last 5 digits)
- Beneficiary information for the claim in question (if applicable)
  - Last name
  - First initial
  - Date(s) of service



# EDI CONNECTION

For claim-specific questions, make sure you authenticate with the exact billing PTAN associated with the claim. As of October 1, 2025, we'll ask you to call back and reauthenticate if the claim in question isn't processed with the authenticated PTAN.

We encourage you to use myCGS, our secure self-service portal, to check beneficiary eligibility, claim status, and more.

## Important: EDI HETS Enrollment Form Requirement

Effective September 20, 2025, all CGS J15 providers that use 270/271 transactions must complete the new EDI HETS Enrollment Form to continue accessing the HIPAA Eligibility Transaction System (HETS).

This new enrollment process:

- Complies with CMS guidelines to ensure secure access to HETS via Electronic Data Interchange (EDI).
- Supports healthcare providers and their affiliated vendors and clearinghouses by streamlining eligibility verification through real-time data exchange.

### Action steps:

- Access the EDI HETS Enrollment Form (available on our website):
  - [J15 HHH](https://cgsmedicare.com/hhh/edi/enrollment.html) (https://cgsmedicare.com/hhh/edi/enrollment.html)
  - [J15 Part A](https://cgsmedicare.com/parta/edi/enrollment.html) (https://cgsmedicare.com/parta/edi/enrollment.html)
  - [J15 Part B](https://cgsmedicare.com/partb/edi/enrollment.html) (https://cgsmedicare.com/partb/edi/enrollment.html)
- Complete and submit the online form.
- Retain the confirmation response for your records.

**Reference:** [HETS Electronic Data Interchange \(EDI\) Enrollment | CMS](https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system-hets/hets-electronic-data-interchange-edi-enrollment) (https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system-hets/hets-electronic-data-interchange-edi-enrollment)

## myCGS: How Do I...?

The J15 A/B & HHH MAC portal, myCGS®, 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.

### Get MFA Codes

Just like any other website or application you use to access sensitive information (i.e., your bank account), the myCGS® portal requires multi-factor authentication (MFA). We offer several options for you to get MFA codes.

- Email or Text:** When you registered, you selected to receive MFA codes via email, text, or both. To change your selection, go to My Account/myProfile. Note: If you select text, you must enter your mobile phone number and carrier.
- Google Authenticator:** For instant access to MFA codes, we recommend using Authenticator Setup to link the Google Authenticator app to your myCGS® account. Please see the [myCGS® User Manual](https://cgsmedicare.com/mycgs/ssi/myaccount/google_authenticator.html) (https://cgsmedicare.com/mycgs/ssi/myaccount/google\_authenticator.html) or [watch our video](https://cgsmedicare.com/partb/education/vid_authenticator.html) (https://cgsmedicare.com/partb/education/vid\_authenticator.html).

### Account Recertification vs. Profile Verification

Read system messages carefully to ensure you complete the appropriate process.

- System message: "In order to maintain your access, you must complete the recertification process by MM.DD.CCYY. This process must be completed every 360 days."
  - Use the ["Account Recertification" instructions](https://www.cgsmedicare.com/mycgs/ssi/admin/recertification.html). (https://www.cgsmedicare.com/mycgs/ssi/admin/recertification.html)
- System message: "In order to maintain your access, you must complete the profile verification process by MM.DD.CCYY. This process must be completed every 250 days."
  - Use the ["Profile Verification" instructions](https://www.cgsmedicare.com/mycgs/ssi/myaccount/profile_verification.html). (https://www.cgsmedicare.com/mycgs/ssi/myaccount/profile\_verification.html)

## Part A Top 9 Edits

	Edit Number	Business Edit Message	Resolution
1	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."
2	X223.424.2400.SV202-2.030	containing Invalid information for the HIPPS Rate Code for services Rendered.	2400.SV202-1 = "HP", 2400.SV202-2 = "1XXXX" must be a valid HIPPS Skilled Nursing Facility Rate Code.



# EDI CONNECTION

	Edit Number	Business Edit Message	Resolution
3	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.
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.
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	X223.345.2310E.N403.030	This Claim is rejected for Invalid Information within the Service Location's Postal/Zip Code. Verify Postal/Zip Codes for the Service Location on the USPS website prior to submitting claims	2310E.N403 must be a valid 9 digit zip code.
7	X223.143.2300.CLM05-1.020	A7: "Acknowledgement /Rejected for Invalid Information..." CSC 228: "Type of bill for UB claim"	2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code.
8	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
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.

## Pary B Top 10 Edits

	Edit Number	Business Edit Message	Resolution
1	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.
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	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".
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 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 A N N A A N 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	X222.351.2400.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".
6	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
7	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.
8	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.
9	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.
10	X222.125.2010BA.N403.020	This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code.	2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank