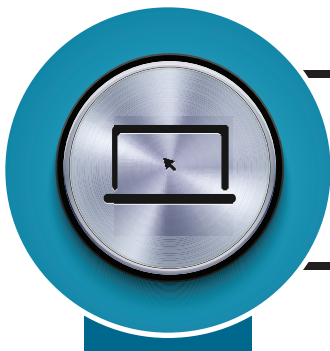


EDI Connection



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NOW IT'S HERE:

Expansion of the Green Mail Initiative!

We are excited to announce the expansion of our Green Mail initiative, which allows myCGS users IMMEDIATE access to correspondence sent to you from CGS. The initiative began with medical review decision letters for specific providers/services (<http://www.cgsmedicare.com/partb/pubs/news/2016/01/cope31748.html>). The expansion continues!

Effective immediately, myCGS users have access to the various letters sent to you in the mail. This includes:

- Additional Documentation Request (ADR) for medical records and other documentation (pre- and post-pay)
- Requests for information to complete processing of pending claims
- Unfavorable and partially-favorable decisions on Redeterminations
- Reopening Correction Letter
- Claim dismissal letters
- Letters identifying changes to beneficiary records
- And MANY more!

Notification will be delivered to the myCGS “Messages” tab of the Users and Administrators registered under a specific PTAN/NPI combination. To ensure you receive the notification, Users and Admins will also be sent an email to the registered email address informing them notification has been delivered to the myCGS inbox.

No more lost or misrouted correspondence!

With implementation of this initiative, the letters delivered to you via myCGS will continue to be sent hardcopy through the mail.

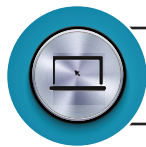
Not registered for myCGS? Check here for additional information on the various functions myCGS has to offer!

EIDM vs. myCGS

With an abundance of self-service tools available from CMS and CGS, it is really easy to confuse them. This seems to happen quite often when it comes to *EIDM* and *myCGS*.

Both tools are quite different:

- Enterprise Identity Management System (EIDM) is a tool CMS offers that allows you to apply for, obtain approval of, and receive a single user ID for accessing multiple CMS applications, including Quality Reporting feedback reports and the Open Payment system. Information regarding EIDM, user guides, and training videos are all available to you on the



CMS EIDM Web page (<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/EnterpriseIdentityManagement/EIDM-Overview.html>).

- myCGS is our secure, online Web portal that allows you to perform a number of functions securely over the Web. This includes:
 - Submitting Part B claims, including those where Medicare is the secondary payer (MSP)
 - Requesting an immediate offset of a demanded overpayment
 - Sending requests for Redetermination and Reopenings, and attaching extra documentation to your requests
 - Responding to additional documentation requests (ADRs) received from our medical review department

For additional information on these and other myCGS functions, the user manual, and a comprehensive list of FAQs, please refer to the myCGS Web page (<http://www.cgsmedicare.com/partb/mycgs/index.html>).

SFTP Front End Update

The port configuration for SFTP connectivity is changing from 2021. Palmetto GBA and CGS has begun working with Network Service Vendors (NSVs) to schedule a staggered cutover to migrate to the SFTP connectivity. Submitters, please consult with your NSV regarding testing connectivity and switching to the SFTP front end. All electronic submissions and receipts must utilize SFTP effective April 3, 2017. Further, any new submitter or receiver must utilize the SFTP connectivity.

Documentation for CGS front end SFTP connectivity can be found in the GPNNet Communications Manual <http://www.cgsmedicare.com/partb/edi/pro32/pdf/cgsgpnetcommunicationsmanual20110418.pdf>

Locating EDI applications

CGS provides the applications that are needed to file electronically on our website at <http://www.cgsmedicare.com>. Below are the instructions on how to find the applications.

Part A

Go to <http://www.cgsmedicare.com>. Select J15 Part A at the top of the home page. On the next page, select Electronic Data Interchange (EDI) on the left side of the page. Underneath, links will appear. Select the Enrollment icon or the Enrollment link (fourth one down on left side of the page). The next page will show EDI Enrollment at the top and links underneath. For paper EDI application submission, select *Printable EDI Application*. For Online submission, please select the *Online EDI Application* in which you can complete and submit an EDI application from our website.

Part B

Go to <http://www.cgsmedicare.com>. Select J15 Part B at the top of the home page. On the next page, select Electronic Data Interchange (EDI) on the left side of the page. Underneath, links will appear. Select the Enrollment icon or the Enrollment link (fourth one down on left side of the page). The next page will show EDI Enrollment at the top and links underneath. For paper EDI application submission, select *Printable EDI Application*. For Online submission, please select the *Online EDI Application* in which you can complete and submit an EDI application from our website.

HHH

Go to <http://www.cgsmedicare.com>. Select J15 HHH at the top of the home page. On the next page, select Electronic Data Interchange (EDI) on the left side of the page. Underneath, links will appear. Select the Enrollment icon or the Enrollment link (fourth one down on left side of the page). The next page will show EDI Enrollment at the top and links underneath. For paper EDI application submission, select *Printable EDI Application*. For Online submission, please select the *Online EDI Application* in which you can complete and submit an EDI application from our website.

DDE

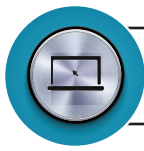
The application that is needed to obtain FISS access thru DDE is the *Online Inquiry Services* application. It is located page with the EDI applications. Go to <http://www.cgsmedicare.com>. Select J15 HHH or J15 Part A at the top of the home page. On the next page, select Electronic Data Interchange (EDI) on the left side of the page. Underneath, links will appear. Select the Enrollment icon or the Enrollment link (fourth one down on left side of the page). The next page will show EDI Enrollment at the top and links underneath. Select the *Online Inquiry Services* link.

Approved Trading Partner Directory Listing

Recently there has been an increase in rejections for non-approved 5010A1 trading partners.

Some helpful information that will prevent the EDI forms from being returned for this error:

- If you are an approved 5010A1 trading partner, it is advantageous to publish the name of your company/software online.
- If you would like to be published on our website to make it more convenient and accessible for providers to find you listed as an approved 5010 A1 vendor, please go to <http://www.cgsmedicare.com>:
 - Select the appropriate Line Of Business (LOB)
 - EDI



- 5010 Trading Partner Directory
- Under the title and directly above the LOB's/Fax numbers reads a statement directing you to this process, "We are asking our 5010 Approved Trading Partners to complete this form (http://www.cgsmedicare.com/pdf/5010_tp_basic_info.pdf) and fax it back to:"
 - Part A KY:** 1.615.664.5943 **Part B OH:** 1.615.664.5927
 - Part A OH:** 1.615.664.5945
 - Part B KY:** 1.615.664.5917 **HH&H:** 1.615.664.5947
- Click on 'complete this form' and you will be redirected to the actual PDF request form to be added to the 5010A1 approved list after following the directions listed on that page.
- If you cannot access the form through the shortcut, copy and paste this direct link into your address windows browser: http://www.cgsmedicare.com/pdf/5010_tp_basic_info.pdf

Note: At a minimum, the directory must include the **vendor/clearinghouse name, phone number, address, e-mail contact information, software product name tested with CMS, production version** and transactions offered (835, 837, etc.).

Once received please allow a 14-21 day cycle period for your information to show as published.

The 277CA Edit Lookup Tool

CGS is pleased to offer the *277CA Edit Lookup Tool*, making it easier than ever to research error codes received on the 5010A1 277CA (Claim Acknowledgement) report.

This tool provides easy-to-understand descriptions of the error codes received on the report. In order to use the tool, you must have the actual error codes from your 277CA. If the error codes are currently received by your clearinghouse or other vendor, you must contact them to obtain this information.

Top 10 ANSI Claim Rejections - Part A

	Edit Number	Business Edit Message	Resolution
1	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"	2330B.N403 must be a valid zip code.
2	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"	2010AA.REF must be associated with the provider identified in 2010AA.NM109. 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.
3	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.

If you need help with navigation, please refer to the 277CA Edit Lookup Tool User Guide (https://www.cgsmedicare.com/medicare_dynamic/edi/2.%20277CA%20EDI%20EDIT%20User%20Guide.pdf).

The 277CA Edit Lookup Tool... *Convenience is at your fingertips!*

Tips to avoid Software Vendor/Network Service Vendor returned Applications

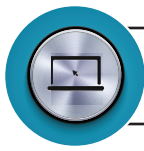
We've seen an escalation in returned forms omitting the name of the Software Vendor/ Network Service Vendor. In an effort to reduce significant interruption for the provider office you may access the links below to find a listing of approved Trading Partners/Network Service Vendors. Please place in the relevant sections of the EDI Application.

Trading Partners (Billing Services and Clearinghouses)

- Part B** - <http://www.cgsmedicare.com/partb/edi/5010tradingpartners.html>
- Part A** - <http://www.cgsmedicare.com/parta/edi/5010tradingpartners.html>
- HH&H** - <http://www.cgsmedicare.com/hhh/edi/5010tradingpartners.html>

Network Service Vendors (NSVs)

- Part B** - http://www.cgsmedicare.com/partb/edi/nsv_list.html
- Part A** - http://www.cgsmedicare.com/parta/edi/nsv_list.html
- HH&H** - http://www.cgsmedicare.com/hhh/edi/nsv_list.html



Edit Number	Business Edit Message	Resolution
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 X223.112.2010BA. 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 AAANNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.
6 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.
7 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
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 X223.319.2310A. NM105.055	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 514: "Entity's Middle Name" EIC: 71 "Attending Physician"	The first position of 2310A.NM105 must be alphabetic (A...Z).
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" then 2300.HI01-2 must be a valid ICD-10 Diagnosis code.

Top 10 ANSI Claim Rejections - Part B

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.	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).
2 X999.DUPE	Rejected due to duplicate ST/SE submission.	The ST/SE (Batch number) is the same within the file. The Batch numbers must unique within each file submitted. Please correct and resubmit the file.
3 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.
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 X222.121.2010BA. 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.
6 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 modifier sent with the procedure code is valid for the date of service on the claim(s). If invalid, please correct and resubmit the claim(s).
7 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.
8 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.
9 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.
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