



# EDI CONNECTION

## Contents

2022 Annual DDE PPTN Recertification! ..... 1

How Do I Verify DDE/PPTN Enrollment? ..... 1

myCGS Administrator Tab ..... 2

Three E's of myCGS Registration ..... 2

To Check the Status of EDI Applications ..... 2

Part A Top Ten Edits ..... 3

Part B Top 10 Edits ..... 3

## 2022 Annual DDE PPTN Recertification!

DDE and PPTN users are required to recertify on an annual basis. To ensure a smooth transition for the 2022 DDE PPTN Recertification, CGS has added a user-friendly PDF form. The form can be found, with step-by-step instructions, at <https://www.cgsmedicare.com>. Select the appropriate line of business, select Electronic Data Interchange (EDI) on the left side of the page, select EDI Enrollment and select Annual DDE PPTN Recertification Form ([https://www.cgsmedicare.com/forms/annual\\_dde\\_pptn\\_recert\\_formRE.pdf](https://www.cgsmedicare.com/forms/annual_dde_pptn_recert_formRE.pdf)).

The recertification timeline is as the follows:

- HHH deadline is February 28, 2022
- Part A deadline is March 31, 2022
- Part B deadline is April 30, 2022

Please ensure that all users are listed. If there are more than 10 users, please submit additional forms. **You must submit your recertification form prior to the deadline above for your Line of Business.** Failure to recertify will result in deactivations of current users on or after April 30, 2022, based on the CMS requirement of IOM Publication 100-25, Appendix A, AC-2, page 3.

### FAX completed form to:

- Ohio Part A: 1.615.664.5945
- Ohio Part B: 1.615.664.5927
- Home Health & Hospice: 1.615.664.5947
- Kentucky Part A: 1.615.664.5943
- Kentucky Part B: 1.615.664.5917

## How Do I Verify DDE/PPTN Enrollment?

<b>Step 1:</b>	Complete the J15 DDE PPTN Application/Reactivation form.
<b>Step 2:</b>	Fax in the completed application. The Fax numbers are located on the bottom of the form.
<b>Step 3:</b>	J15 EDI will complete the DDE PPTN enrollment process within 20 business days.
<b>Step 4:</b>	A confirmation e-mail will be sent to the EDI contact on the application.
<b>Step 5:</b>	If you do not receive a confirmation email, please reach out to the Help Desk at: <ul style="list-style-type: none"> <li>• Ohio/Kentucky Part B – 1.866.276.9558 (option 2)</li> <li>• Ohio/Kentucky Part A – 1.866.590.6703 (option 2)</li> <li>• Home Health/Hospice – 1.877.299.4500 (option 2)</li> </ul>



# EDI CONNECTION

## myCGS Administrator Tab

As an Administrator for myCGS for your organization, there are many tasks. You are responsible for managing all access to all user's accounts. Also, making sure only authorized individuals have access to specific information throughout the myCGS portal.

The Administrator's role involves adding and removing users, assigning additional Administrators, providing access to specific functions, unlocking accounts, resetting passwords, recertifying user access and Green Mail.

- **Unlocking accounts** – All users are required to log into myCGS at least once every 30 days. Failure to do so will result in the ID being disabled. Under the Admin tab, the Administrator will select User Listing and unlock the user.
- **Account Recertification** – To ensure all users are compliant with CMS security requirements, recertifications are required to be completed by the Administrator. This needs to be completed every 360 days. Failure to complete will result in deactivation. To recertify, under the Admin tab, select user listing, scroll to the bottom and select recertify users.
- **Adding new users** – Each user must have a unique user ID and password. Under the Admin tab, scroll to the bottom and select add new users. Create a temporary password for the new user and select the Permissions that you want the user to have access to. Select submit and share the information with the new user. The new user will log in and complete the registration.
- **Modify User Accounts** – Administrators may have to allow or remove permissions, reset passwords and unlock disabled accounts. Under the Admin tab, locate the user and under the Actions column select the gear. Select Unlock to enable a disabled account. Select Edit to adjust permissions and reset a user password. Select delete to remove an account.
- **Green Mail** – The portal allows users to have immediate access to all correspondence sent from CGS. All Notifications are delivered to the myCGS Messages tab where the user can find the correspondence that was sent. Options for Green mail are: Opt IN – Correspondence sent via Green Mail. Opt OUT – Correspondence sent via Green Mail and via Mail. Under the Admin tab, select Green Mail options.

## Three E's of myCGS Registration

1. Easy
2. Examples
3. Enrollment

### myCGS registration is Easy!

Visit our myCGS Manual at [https://www.cgsmedicare.com/mycgs/mycgs\\_user-manual.html](https://www.cgsmedicare.com/mycgs/mycgs_user-manual.html) for registration information.

The manual provides examples and location of the EDI Enrollment Agreement that is required prior to initiating registration for myCGS portal.

## To Check the Status of EDI Applications

### EDI Online Application Status Check Tool Job Aid

**Reminder:** The EDI Online Application Status Check Tool allows you to easily obtain the current status of EDI applications that are submitted on or after December 14, 2020.

- Complete the Online EDI Application at [https://www.cgsmedicare.com/medicare\\_dynamic/edi\\_application/disclaimer.html](https://www.cgsmedicare.com/medicare_dynamic/edi_application/disclaimer.html).
  - Once the user clicks on the Submit button the user will receive a pop-up box with the message: *You have successfully submitted your EDI Application.*
  - A link to access the required Provider Authorization form will also appear in the pop-up box.
  - Click the link to access and print the Provider Authorization form. **Note:** *The tax identification number must be added, and the form must be signed prior to faxing to J15 EDI. The Provider Authorization form must be returned within 7 days.*
  - The user will receive an email with the reference number for the submitted EDI Online Application.
- For Status Check of submitted EDI Online Applications please go to CGS EDI Application Status Check ([https://www.cgsmedicare.com/medicare\\_dynamic/edi\\_application/edi\\_application/status.aspx](https://www.cgsmedicare.com/medicare_dynamic/edi_application/edi_application/status.aspx)).
  - Enter the reference number from the email into the Reference number field. **Note:** *Reference numbers are 13- to 14-digits.*
  - Click Submit.
  - One of the following messages will be displayed:

**Application Status: RECEIVED;** Thank you for your application. Please return your 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 Helpdesk for your line of business for assistance.

After an invalid Reference number is entered the following message will display: *There are no records with the search criteria you supplied. If 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 Helpdesk.*

The EDI Help desk can be reached at the appropriate number listed below.

- Ohio/Kentucky Part B: 1.866.276.9558, option 2
- Ohio/Kentucky Part A: 1.866.590.6703, option 2
- Home Health/Hospice: 1.877.299.4500, option 2



# EDI CONNECTION

## Part A Top Ten Edits

Edit Number	Business Edit Message	Resolution
1 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."
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 NNNNNNNNNAN. 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 X223.143.2300.CLM02.080	This Claim is rejected due to the Claim being out of Balance within the Payer's payment information.	2010AA.REF must be associated with the provider identified in 2010AA.NM109
4 X223.424.2400.SV202-7.025	This Claim is rejected for a relational field in error for Service(s) Rendered.	If the procedure is a non-specific code you must submit a description of the procedure code in SV202-7. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified, Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name. 2400.SV202-7 must be present when 2400.SV202-2 contains a non-specific procedure 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 X223.116.2010BA.N403.030	This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code.	2010BA.N403 must be a valid postal/zio Code when N404 equals US or blank.
8 X223.424.2400.SV203.060	This Claim is rejected for the Claim is out of balance due to Line Item Charge Amount within the Service Line Paid Amount.	"SV203 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts."
9 X223.284.2300.HI03-2.010	This Claim is rejected for containing Invalid Information within the Billing Provider's Postal/Zip Code.	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.
10 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.

## 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.	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.
2 X222.157.2300.CLM02.090	CSCC A7: "Acknowledgement/Rejected for Invalid Information..."	2300.CLM02 must equal the sum of all 2320 & 2430 CAS amounts and the 2320 AMT02 (AMT01=D).
3 X222.262.2310B.NM109.030	CSC 400: "Claim is out of Balance."	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	CSC 672: "Payer's payment information is out of balance."	"If Medicare HICN: 2010BA.NM109 must be 10-11 positions formatted NNNNNNNNNNA or NNNNNNNNNNAA 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."



# EDI CONNECTION

	Edit Number	Business Edit Message	Resolution
5	X222.430.2420A. NM109.030	This Claim is rejected for Invalid Information within the Rendering Provider's National Provider Identifier (NPI).	Valid NPI Crosswalk must be available for this edit. Coach NPIs will not be present on the NPI xwalk, when REF02 = 82 the coach NPIs are excluded from this edit.
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	X222.157.2300. CLM05-3.020	This Claim is rejected for Invalid Information within the Claim Frequency Code.	"Medicare Part B only accepts original claims."
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.