EDI CONNECTION

Contents

Benefits of EDI

Electronic Data Interchange (EDI) is the process of using nationally established standards to exchange electronic information between business entities. Electronic claims submission provides these benefits:

- **Eliminate paperwork**—Staff can accomplish more in less time and save money for postage and paper claim forms.
- **Flexibility**—Submit claims for multiple providers simultaneously and control claim submission frequency and volume.
- **Reduce claim errors**—Less manual entry, EDI edits that validate information reported on electronic claims, and electronic billing reports help ensure correct claim payment without the need to request claim reopenings, adjustments, or redeterminations (first level appeal).
- **Faster processing**—Medicare claims processing systems accept most electronic claims within 24 hours. In addition, the payment floor (i.e., waiting period for CGS to issue payment) for electronic claims is 13 days after the receipt date vs. 26 days for paper claims.

EDI Forms Updates

To streamline EDI application processing, CGS added barcodes to the following forms:

- EDI Enrollment Agreement Form & Instructions
- EDI Internet Application Form
- EDI Testing Application (Communications) Form
- EDI Network Service Agreement Form

To avoid processing delays, please ensure you submit all forms and include all pages. EDI will reject incomplete forms received on or after April 24, 2025.

Access the revised forms at:

- Part A – https://cgsmedicare.com/parta/edi/enrollment.html
- Part B – https://cgsmedicare.com/partb/edi/enrollment.html
- Home Health & Hospice – https://cgsmedicare.com/hhh/edi/enrollment.html

Online J15 DDE PPTN Application/Reactivation Form

As a reminder, to request an active user ID for Direct Data Entry (DDE) or Professional Provider Telecommunications Network (PPTN) access, complete and submit the online J15 DDE PPTN Application/Reactivation Form (https://cgsmedicare.com/medicare_dynamic/racf/index.aspx).

A request ID will generate upon submission. If the user(s) is located outside of the United States, please email a copy of the network connectivity diagram to CGS.EDI@cgsadmin.com and include the request ID in the subject line.

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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.

- **Understand User Roles** (https://www.cgsmedicare.com/mycgs/ssi/intro/roles.html)
  - Provider Administrators
    - The first person to register a provider PTAN/NPI combination.
    - Can access all myCGS features.
    - Is responsible for providing and maintaining access for other users.
    - NOTE: We recommend at least 2 Provider Administrators for each PTAN/NPI combination.

- Provider Users
  - Must contact a Provider Administrator to request access to the portal and its features (i.e., tabs). See myProviders (https://www.cgsmedicare.com/mycgs/ssi/intro/roles.html).
  - The number of provider users is unlimited.

- **Retrieve & Filter Messages**
  - Message Inbox (https://www.cgsmedicare.com/mycgs/ssi/messages/inbox.html)
  - Inbox Folders (https://www.cgsmedicare.com/mycgs/ssi/messages/folders.html)
  - Inbox Filtering (https://www.cgsmedicare.com/mycgs/ssi/messages/filtering.html)

Part A Top 10 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: NNNNNNNNNA or NNNNNNNNNAA 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."
2	X223.112.2010BA. NM109.040	This Claim is rejected 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
3	X223.143.2300. CLM05-1.020	This Claim is rejected for Invalid Information within the Type of bill for UB claim.	2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code.
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	X223.345.2310E. 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	X223.284.2300. HI04-2.010	This Claim is rejected for Invalid Information within the NUBC Value Code(s) and/or Amount(s).	If 2300.HI04-1 is "BE" then 2300.HI04-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.

	Edit Number	Business Edit Message	Resolution
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	X223.486.2430. 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
10	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 NNNNNNNNNAA 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."
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	X222.273.2310C. N403.020	This Claim is rejected for Invalid Information for a Service Location's Postal/Zip	2310C.N403 must be a valid 9 digit Zip Code.
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	X222.403.2400. REF02.070	This Claim is rejected for Invalid Information within the Authorization/certification number	2400.REF02 must be a valid Mammography Certification Number.