



EDI CONNECTION

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Acceptable/Unacceptable/Outdated EDI Application Enrollment Forms

We are still receiving multiple distorted illegible applications and DDE/PPTN forms. It is important to make sure all forms are legible in order to process your requests accurately and lessen delay from sending them back in error. All information which includes EDI script on the original form must be legible. Also, the most current version of the forms should be used and can be found on the website. If there is a problem with the hardcopy PDF version of the application, you have the option of completing the EDI application online.

In addition, below are some of the top reasons for application rejections.

Take a look at common mistakes that will cause your EDI Application to be returned.

Application Errors	Resolutions
Application received without the Group PTAN/NPI	<ul style="list-style-type: none"> • Please list your group PTAN/NPI if part of a group • List the Individual PTAN/NPI combination if not part of a group • Include the same information on each of the required forms
No Submitter ID included on application, just the name of the clearinghouse	<ul style="list-style-type: none"> • The clearinghouse Submitter ID must be included on the application • PTAN listed erroneously as the Submitter ID
Illegible Forms/ Outdated forms	<ul style="list-style-type: none"> • All information, including CGS script, must be legible in order to bind the agreement and complete the setup • Signatures must be legibly signed • Must use the most current form found on website
Incorrect Line of Business checked on the application	<ul style="list-style-type: none"> • Please check the correct Line of Business on the application • Do not select multiple Line of Business • Be consistent with the same Line of Business on each form
Signature/Tax ID missing on PDF application or authorization form for electronic submission.	<ul style="list-style-type: none"> • EDI applications cannot be processed if the signature page is not completed or missing • The Tax ID number is left blank

For additional assistance, please visit our website: <https://www.cgsmedicare.com>. Select the appropriate line of business, select Electronic Data Interchange (EDI), and click Enrollment. Select the EDI Enrollment Packet for paper application submissions or choose Online EDI Application for online application submissions.

myCGS Cancel Claim Request - Reopenings

Part B providers have the opportunity to cancel a claim line/lines or an entire claim thru myCGS by completing a Reopening. Note: Reopening requests must be submitted within 12 months of the original claim remit date.

Part B providers must log into myCGS and select Forms tab. Select a topic – Reopenings. Select a type: Reopenings. Click on the Reopenings link below. Select which type of reopening – Single Beneficiary, Multiple Beneficiary or MSP.

Single beneficiary - the provider will enter the provider information and beneficiary information. And they must have a claim number. They will select a reason for their



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request under the Type drop down. The Action requested – add, remove, replace. Select which line, position and the new value and click add. Attachments can be added. Sign (First and Last name) and click submit.

Multiple beneficiaries - a remit form or spreadsheet must be submitted identifying those claims. Provider information and a Reason for Request will be the only fields that need to be completed.

Medicare Secondary Payer – correction for one beneficiary or multiple claims for MSP information. Provider must have a claim number.

Reason for Request field for the Multiple Beneficiaries and MSP requests the provider can enter the claim line or lines that need to be deleted. Once that info is entered, select submit. The reopening request will be sent over to the Reopening's department to be processed.

The myCGS Unlock Feature

Have you received the message *...your myCGS access has been locked due to excessive bad login attempts?* If so we have good news, there is a quicker way to resolve this issue as of March 1, 2019! The Account Administrator(s) for your organization can now unlock any user or other account administrators. This can be done if you have been locked out after three unsuccessful attempts within a 120 minute timeframe. There will be a message that is displayed advising to request an account unlock please contact your Account Administrator or if you are the only Account Administrator then please contact CGS Technical Support for assistance.

Looking for Our Trading Partner Directory and Network Service Vendor Listing?

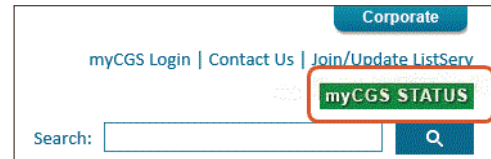
CGS provides a current listing on our website, <https://www.cgsmedicare.com> of each Trading Partner and Network Service Vendor. The list contains Trading Partners (vendors, billing services, clearinghouses) who have tested their software with CGS and been approved for 5010 claim submission.

To view our Trading Partner Directory & Network Service Vendor listing: Visit our CGS website and select the appropriate Line of Business (LOB) followed by these steps:

1. Select Electronic Data Interchange tab (EDI) (left column on each LOB page)
2. View menu topics listed under EDI heading
3. Select 5010 Trading Partner Directory or Approved Network Service Vendor (NSV) List
4. Select the Trading Partner or NSV to view additional information concerning the company

New myCGS Status Button!

CGS has implemented the “myCGS STATUS“ button and with just a glance you will know if myCGS is up and running, if there's an issue, or if it's down and not available. This button is located on the top right of the J15 Part A, Part B, and HHH CGS website.



When the myCGS STATUS button shows green, the Web portal is up and running normally, yellow means there's an issue with some aspect of myCGS. When the button shows red, the myCGS Web portal is not functional. Simply click on the button to access details of the issue.

Need a Duplicate Electronic Remittance or Claim Response Report? Online Ordering is Available and Easy with the EDI Report Request Tool!

Did you know that you can quickly order a duplicate 835 Electronic Remittance or a duplicate 999 and 277CA Claims Response Report without calling our EDI helpdesk? The CGS EDI Report Request Tool will allow you to order duplicate 835 remittances that are within 45 calendar days and duplicate Response Reports (999 and 277CA) that are within 1 year from the current date. This tool is available for J15 providers, clearinghouses and billing services and can be located on the website <https://www.cgsmedicare.com> under the Self-Service Options section for Part A, Part B and HHH.



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Part A Top Ten Edits

Edit Number	Business Edit Message	Resolution
1	X999.DUPE Rejected due to duplicate ST/SE submission	Rejected due to duplicates ST/SE submission.
2	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"
3	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.
4	X223.153.2300.CL103.015 This Claim is rejected for Invalid Information with the Patient discharge status.	When 2300.CL103 value "20," "40," "41," or "42" is present, at least one occurrence of 2300.HI01-2 thru HI12-2 must = "55" where HI01-1 is "BH."
5	X223.112.2010BA.NM109.020 This Claim is rejected for containing Invalid Information within the Subscriber's contract/member number.	<p>"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.</p> <p>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."</p>
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	X223.387.2330B.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."
8	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."
9	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.
10	X223.424.2400.SV201.020 This Claim is rejected for Invalid Information within the Revenue code for services rendered.	"Valid Revenue Code reference must be available for this edit."

Part B Top 10 Edits

Edit Number	Business Edit Message	Resolution
1	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. The rendering provider NPI was not found on the crosswalk. Note: We recommend Sole-proprietors, IDTFs, and Ambulance providers, with only a group NPI, not send the Rendering Provider Loop(s) 2310B or 2420A in the Medicare Part B claims to avoid unnecessary front-end rejections. CGS only requires NPIs in the Billing Provider Loop for the above types of providers.
2	X222.121.2010BA.NM109.020 This Claim is rejected for Invalid Information for a Subscriber's contract/member number	<p>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 the patient's Medicare number is not in these formats, your claim will reject. 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."</p> <p>CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber"</p> <p>If the HICN/MBI format is valid, 2010BA NM109 must be a HICN format pre-SSNRI transition.2010BA NM109 may be either a HICN (Part B or RRB format) or MBI during the SSNRI transition period.2010BA NM109 must be an MBI format post-SSNRI transition.</p>



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Edit Number	Business Edit Message	Resolution
3 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	The billing provider must be "associated" to the submitter (from a trading partner perspective) in 1000A.NM109.
4 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." When Product or Service ID Qualifier = "HC," the Procedure Code must be a valid HCPCS Code for the Service Date (DTP01 = "472"). This can also be caused by sending an invalid HCPCS and modifier combination."
5 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. Billing Provider Tax Identification Number must be associated with the billing provider's NPI.
6 X222.087.2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	""2010AA.REF must be associated with the provider identified in 2010AA.NM109 Billing Provider Identifier must be a valid NPI on the Crosswalk. Verify that the NPI and PTAN are linked together.""
7 X222.157.2300. CLM05-3.020	This Claim is rejected for Invalid Information within the Claim Frequency Code	""Part B Medicare only accepts original claims. ****CLM05-3 must be 1 for Medicare Part B claims only****""
8 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. Description must be present when Procedure Code requires a description/additional information."
9 X222.125.2010BA. N403.020	This Claim is rejected for Invalid Information for the Subscriber's Postal/Zip Code	Subscriber Postal Zone or Zip Code must be valid US Postal Service Zip Code.
10 X222.351.2400. SV101-4.020	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	Verify the procedure code (HCPCS or CPT) submitted is valid. If invalid, please correct and resubmit the cllaims(s) affected.
X222.351.2400. SV102.060	This Claim is rejected for Invalid Information within the Line Item Charge Amount and Service Line Paid Amount Claim 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 the 2320 AMT02 (when AMT01=D) for each other payer occurrence.