EDI CONNECTION

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Online EDI Application Status Checker Tool

Great News! No more having to call in to the EDI line to check the status of an EDI application! Application status can now be checked on the https://www.cgsmedicare.com website. Once the online application has been submitted the user will receive an email with a 14-digit reference number. The reference number can then be used on the Status Checker tool at this link: https://www.cgsmedicare.com/medicare_dynamic/edi_application/edi_application/status.aspx

If the email with the reference number is not received the status can also be checked with the tracking number found on the Provider Authorization form that is faxed after the online submission is completed. Once you have entered the reference or tracking number and clicked submit one of four statuses will be displayed. Application Status: Received, Pending, Approved, or Rejected. There will also be a message reminder to return the Provider Authorization page. If an invalid reference or tracking number is entered, a no record on file message will be displayed. If any questions arise or assistance is needed please contact the EDI Helpdesk.

277CA Report CGS ACE Smart Edits Listing

CGS is excited to announce we have successfully implemented several enhancements to the 277CA report, as part of our CGS Advance Communication Engine (ACE) Smart Edits. CGS ACE Smart Edits is a process that returns pre-adjudicated claims information through claim acknowledgement transaction reports based on the Medicare 277CA. This system populates the STC*12 segment in the 2220D loop of the 277CA.

Most claims hitting the CGS ACE pre-adjudication editing process are not forwarded to the claims adjudication system. After reviewing these claims, you will decide if you should update or not update the claim and then, just resubmit it for processing. Some claims may hit a CGS ACE Informational Smart Edit that returns important messaging for your practice while allowing the claim to forward to the claims processing system. We encourage you to review your 277CA report for these messages.

Claims hitting these CGS ACE pre-adjudication Smart Edits are not forwarded to the claims adjudication system. Please review the claim and if you choose not to change the claim, then just resubmit it for processing.

Click the link below for a listing of Smart Edits, Messages, and Descriptions:
https://www.cgsmedicare.com/partb/pubs/news/2020/04/cope16935.html

Importances of Multiple myCGS Administrators

Help! I can't access myCGS to complete important job responsibilities.

Does this sound familiar? Has this been an ongoing issue for your practice? Let's explore what can be done to eliminate this situation.

Role of Administrator: The first person in your organization to register for myCGS is designated as the Administrator (ADMIN). Once successfully registered the ADMIN is responsible for approving and maintaining other users within the company.

Since the ADMIN has access to all the tabs and functions in myCGS, we recommend there be at least two Provider Administrators established for each provider office. This is extremely important in the event the Administrator is unable to log into the portal on a regular basis or leaves the practice. If there is not an additional ADMIN all established Provider Users may risk being deleted.

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The CGS EDI Help Desk

The CGS EDI Help Desk is ready to assist with connectivity or technical questions and myCGS issues.

Before you call, please have the following information:

- Your name, EMAIL address and phone number
- **Group** Provider Number **(PTAN)**
- **Group** National Provider Identifier **(NPI)**
- **Group** Tax Identification Number **(TIN)**

After verification of the above information, we can move forward to addressing your issues or concerns.

277 CA 306 Edit (Part A and B)

The 306 277ca edit is a rejection pertaining to the missing description of a non-specific or unclassified procedure for Part A and B. When the CPT/HCPCS code is billed in loop 2400, segment SV1 and a description is not sent in element 01-7, the edit 306 will generate on the 277ca.

Non-specific codes may include descriptions, such as:

- Not otherwise classified (NOC)
- Unlisted
- Unspecified
- Unclassified
- Other
- Miscellaneous
- Prescription Drug, Generic
- Prescription Drug, Brand Name

Issues Logging into myCGS?

Your **Office Administrator** should be the ***first contact***. Why? Administrators have permission to complete the following:

- **Clear Locks:** If you received message “locked out due to failed attempts.”
- **Change Passwords**: Forgot your password, not accepting requested password sent etc.
- **Grant Permission**: If tabs are grayed out or you are unable to select a form type etc.
- **Add and Delete Users**

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: 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.”
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	X223.480.2430.CAS.030	This claim is rejected for line level adjustments being present when Medicare is the Primary Payer.	“When Medicare is priamry remove the Other Payer Claim Adjustment Indicator (Loop 2330B, REF Segment) and resubmit.”

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	Edit Number	Business Edit Message	Resolution
9	X223.284.2300.HI03-2.010	This Claim is rejected for Invalid Information within the NUBC Value Code(s) and/or Amount(s).	If 2300.HI03-1 is “BE” then 2300.HI03-2 must be a valid Value code.
10	X223.384.2330B.NM109.030	This Claim is rejected for Invalid Information…. “Other Carrier payer ID is missing or invalid”.	Each iteration of 2330B NM109 must be unique.

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	X222.121.2010BA.NM105.045	This claim rejected for an invalid character in the middle name field for the Subscriber	The first position of 2010BA.NM105 must be alphabetic (A…Z).
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 NNNNNNNNNA 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	X999.DUPE	Rejected due to duplicate ST/SE submission	The ST/SE (Batch number) is the same within the file. The Batch numbsers must be unique within each file submitted. Please correct and resubmit the file.
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	X222.313.2330A.NM105.055	This claim rejected for an invalid character in the middle name field for the Other Insurance Subscriber	The first position of 2330A.NM105 must be alphabetic (A…Z).
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.

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