



# EDI CONNECTION

## Contents

myCGS Registration (new) .....	1
Use '000' When Responding to Part B Post-Pay ADRs through myCGS .....	1
myCGS Assistance .....	1
277 CA Edit Lookup Tool .....	2
5010 Trading Partner Directory and Approved Network Service Vendor Lists .....	2
Part A Top Ten Edits .....	2
Part B Top 10 Edits .....	3

## myCGS Registration (new)

The myCGS registration has now been updated. When the new user selects “Create an account” on the log in page, they will be able to setup their own username and password. The username will have to be a minimum of seven characters and cannot have special characters or symbols. The user can create a password or myCGS can provide one as well.

**NOTE:** Currently, this process is only for new myCGS accounts, where no other user is registered. Any active accounts, an Administrator will have to log into their account, in myCGS, and add any additional users.

Once the user name and password has been confirmed, the user will log in and create a profile and answer their security questions. Select save and proceed, then their email address with a 7-digit PIN. Once entered, the email will be validated, and they will log in.

Once logged in, the user will need to add their location to the portal by selecting My Account and My Providers. To enter the Provider information, select add Providers and enter the following:

- PTAN
- Tax id
- Contact name
- Region
- NPI
- Provider name
- Last remit amount

Click save and the portal will log the user out. Once logged back in, all the tabs will be listed at the top for, the location they registered for.

## Use '000' When Responding to Part B Post-Pay ADRs through myCGS

When additional documentation is requested for claims reviewed by our medical review team, you may respond directly through myCGS. Post-pay claims awaiting a response from you are listed at the “Medical Review” tab under the “Post Pay Review Cases” sub-tab.

Click on the “Submit Documentation” button to access the Medical Review additional documentation request (ADR) form, you will find some fields auto-populated with details from the claim. The ADR Number field, however, is not. **To submit the form you must enter '000' (three zeros) in that field.**

For more information on this and other myCGS functions, please refer to the *myCGS User Manual* ([https://r20.rs6.net/tn.jsp?f=001g3NEBgsYsHRc7AnujlmOAtGrmk8IEO6d16fZGdx-xFchlL8bEcCley6-nLhILM36LwPg4D77aTOpZ6FwrCGRimS78ZtNNU5hPBV0iT\\_dForN2I9wOW4-THe4JH1FEDpEfmsyMrQ1ZT\\_nJIC3f2QFtRSHdIGVP1N-dzUYewcJrXesG4T8JN2\\_G94gRBQ3VuxH&c=YiU0Lsk8085Yg1GC5sUV7ZSgRwGSfrR40zPmxKOr\\_ea-cGW5hs5Rnw==&ch=Woqu-7VBQMO2w9ZAN4\\_SHpERe5gonmNPHM4AZaGMOqqKCrG9gDfqqg=](https://r20.rs6.net/tn.jsp?f=001g3NEBgsYsHRc7AnujlmOAtGrmk8IEO6d16fZGdx-xFchlL8bEcCley6-nLhILM36LwPg4D77aTOpZ6FwrCGRimS78ZtNNU5hPBV0iT_dForN2I9wOW4-THe4JH1FEDpEfmsyMrQ1ZT_nJIC3f2QFtRSHdIGVP1N-dzUYewcJrXesG4T8JN2_G94gRBQ3VuxH&c=YiU0Lsk8085Yg1GC5sUV7ZSgRwGSfrR40zPmxKOr_ea-cGW5hs5Rnw==&ch=Woqu-7VBQMO2w9ZAN4_SHpERe5gonmNPHM4AZaGMOqqKCrG9gDfqqg=))).

## myCGS Assistance

The myCGS web portal is designed to allow for easy self-registration without having to contact CGS. In the event you need technical support during registration or experience any connectivity issues, the EDI Help Desk will be more than happy to assist you.





# EDI CONNECTION

Before calling the CGS EDI Help Desk, you should read the “Did You Know?” (<https://www.cgsmedicare.com/partb/dyk/mycgs.html>), and/or refer to the myCGS User Manual ([https://www.cgsmedicare.com/mycgs/mycgs\\_user\\_manual.html](https://www.cgsmedicare.com/mycgs/mycgs_user_manual.html)). These tools have been created to provide you with additional self-service options.

## 277 CA Edit Lookup Tool

**Reminder:** The Trading Partners, billing services, and clearinghouses should be returning the edit code(s) on the 277CA-Claim Acknowledgment for 5010A1 claims.

The 277CA Edit Lookup Tool allows you to enter the edit codes and will return possible explanations

for the cause of the edit. Please check our website: <https://www.cgsmedicare.com> for access to the 277CA Edit Lookup Tool.

277CA Edit Lookup Tool ([https://www.cgsmedicare.com/medicare\\_dynamic/edi/277CA\\_edit\\_lookup\\_tool/?part=b](https://www.cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=b))

## 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	X223.349.2310F.NM108.020	This Claim is rejected for Missing Information due to Identifier Qualifier within the Referring Provider's National Provider Identifier (NPI).	2310F.NM108 must be present.
8	X223.184.2300.HI.016	ICD-9 qualifiers and ICD-10 qualifiers cannot be on the same claim.	If 2300.HI with HI01-1 = "ABK" all applicable diagnosis and procedure code HI segments must contain only ICD-10 qualifiers.
9	X223.220.2300.HI05-2.010	This Claim is rejected for containing Invalid Information within the Diagnosis Code.	If 2300.HI05-1 is "BF" then 2300.HI05-2 must be a valid ICD-9 Diagnosis code.
10	X223.424.2400.SV201.020	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	2400.SV201 must be a valid revenue code.

## 5010 Trading Partner Directory and Approved Network Service Vendor Lists

### Are you ready to start electronic billing or perhaps modifying present billing methods?

Let your fingers do the walking . . . Visit our Electronic Data Interchange (EDI) page, <https://www.cgsmedicare.com> conveniently located under each Line of Business on our website.

You will find a listing for our 5010 Trading Partner Directory and Approved Network Service Vendor to assist in your request, whether becoming an electronic biller or changing current processes.

The list contains Trading Partners (vendors, billing services, clearinghouses) who have tested their software with CGS and are approved for 5010 claim submissions.



# EDI CONNECTION

## 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	X222.133.2010BB.NM109.025	This Claim is rejected for Invalid Information for a Missing or Invalid Information with the Payer's ID Number and Reciever's ID Number	2010BB.NM109 must be the same value as 1000B.NM109.
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 NNNNNNNNNNAN 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	X222.430.2420A.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	X222.458.2420E.N403.020	This Claim is rejected for Invalid Information within the Ordering Physician's Postal/Zip Code	2420E.N403 must be a valid Zip Code.
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.