EDI CONNECTION

Contents

2025 Annual DDE & PPTN Recertification

- For security purposes, CGS is required to certify each Direct Data Entery (DDE) and Professional Provider Telecommunications Network (PPTN) user's access annually. To ensure a smooth recertification process, and avoid any service interruptions, each Medicare provider with staff who access DDE or PPTN should:
- Complete the Annual DDE PPTN Recertification Form (https://cgsmedicare.com/forms/annual_dde_pptn_recert_formRE.pdf).
  - List all users.
  - If you have more than 10 users, please submit additional forms.
  - Sign the form(s).
- Fax the completed form(s) to CGS per the timeline below:

Provider Type	Fax Number	Beginning On	Deadline
Home Health & Hospice	615.664.5947	June 1, 2025	June 30, 2025
Part A	Kentucky: 615.664.5943 Ohio: 615.664.5945	July 1, 2025	July 31, 2025
Part B	Kentucky: 615.664.5917 Ohio: 615.664.5927	August 1, 2025	August 31, 2025

The final deadline to submit the completed form(s) is August 31, 2025. CGS is required to deactivate any current users who don't recertify.

How to Find the Annual DDE PPTN Recertification Form

To access the Annual DDE PPTN Recertification Form without a link:

- Go to www.cgsmedicare.com.
- Select your line of business (J15 Part A, J15 Part B, or J15 HHH).
- From the blue left navigation menu, select "Electronic Data Interchange".
- Select "Enrollment" or "EDI Enrollment".
- Select "Annual DDE PPTN Recertification Form".

Reminders: Online EDI Application

- **Authorized Contact** — CGS uses this information to send confirmations, rejections, inquiries, or other correspondence. To avoid processing delays, please ensure the name, phone number, email and mailing addresses you enter are current and valid.
- **Provider Authorization Form** — This form displays when you submit the Online EDI Application. Enter the provider's tax identification number (TIN), print, sign, and fax the form to the appropriate number listed.
- **Provider Submitter ID Changes** — To update the contact information for a submitter ID you own, please submit a written request on your company's letterhead that includes:

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- Line of business (J15 HHH, J15 Part A, or J15 Part B)
- A statement that identifies the requested change
- Submitter ID (and PTAN, if available)
- Approved software name and Network Service Vendor
- Submitter ID owner (group practice or provider name)
- Contact name, email address, and phone number
- Mailing address (If the request is to change the address, list both the old and new addresses.)
- Authorized offical or current contact signature

Upon receipt of all required information, CGS will process the request in the order received.

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.

- Terms of Use Related to Passwords (https://cgsmedicare.com/parta/mycgs/terms.html)
- **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: NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN. 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	X223.423.2400. LX01.030	This Claim is rejected for the Service line number greater than maximum allowable for payer.	This Claim is rejected for the Service line number greater than maximum allowable for payer. 2400.LX01 must be > 0 and <= 449
3	X223.284.2300. HI03-2.010	"CSCC A7: 'Acknowledgement /Rejected for Invalid Information…' CSC 725: 'NUBC Value Code(s)'" 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.	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.
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.
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	X223.284.2300. HI01-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 2300.HI01-1 is "BE" then 2300.HI01-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
10	X223.284.2300. HI02-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 2300.HI02-1 is "BE" then 2300.HI02-2 must be a valid Value code on the receipt date and is within the codes effective and termination date

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 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	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	X222.121.2010BA.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.
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	X222.226.2300.HI01-2.125	This Claim is rejected for an Invalid Principle Diagnosis Code	IF 2300.HI01-1 EQUALS ABK THEN 2300.HI01-2 MUST NOT BEGIN WITH A "V", "W", "X" OR "Y".