



Winter 2012

PAYMENT ALERT!

5010 is Here. Are You Ready?

You must comply with this important deadline to avoid delays in payments for Medicare Fee-For-Service (FFS) claims after March 31, 2012. You and your billing and software vendors must be ready to begin processing the Health Insurance Portability and Accountability Act (HIPAA) Versions 5010 & D.O production transactions by March 31, 2012. Beginning April 1, 2012, all electronic claims, eligibility, and claim status inquiries MUST use Versions 5010 or D.O. Version 4010/5.1 claims and related transactions will no longer be accepted. The electronic remittance advice will only be available in the 5010 version. Paper submissions are not an option!

Visit the 5010 Companion documents for step by step directions on how to test at http://www.cgsmedicare.com/ohb/claims/edi/pdf/5010_Companion.pdf.

To be ready you can receive the free Version 5010 software (PC-Ace Pro32) at <https://www.cgsmedicare.com/parta/index.html#> and begin testing now.

For HHH and Part A, you may download the free PC-Print software to view and print compliant HIPAA 5010 835 remittance advices. A PC Print Quick Start Job Aid for Remittance Advice is available at <http://www.cgsmedicare.com/parta/edi/pdf/PCPrintQuickStartJobAid.pdf>. Contacting a Version 5010 compliant clearinghouse who can translate the non-compliant transactions into compliant 5010 transactions is another option.

For Part B you can also download the free Medicare Remit Easy Print (MREP) software to view and print compliant HIPAA 5010 835 remittance advices, which are available at http://www.cms.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp on the CMS website.

Prepare now and be ready for the April 1st, 2012 deadline.

EDI Application Links and Job Aids

The applications/forms contained in the EDI Enrollment Packet must be used to become an electronic biller, receive access to Direct Data Entry (DDE) or Professional Provider Telecommunication Network (PPTN), and to make changes to existing electronic submitters.

http://www.cgsmedicare.com/ohb/claims/pdf/EDI_EnrollPacket.pdf

The following link shows the top five reasons EDI applications/forms are returned: <http://www.cgsmedicare.com/ohb/pubs/news/2012/0112/Cope17901.html>

CGS EDI Frequently Asked Questions (FAQs)

- **Ohio and Kentucky Part B:** <http://www.cgsmedicare.com/ohb/help/faqs/edi/index.html>
- **Home Health & Hospice:** http://www.cgsmedicare.com/hhh/education/faqs/edi_faqs.html
- **Ohio and Kentucky Part A:** <http://www.cgsmedicare.com/j15/edi.html#faq>

5010 Links and Job Aids

The following links will help providers and vendors learn how to read the 999 Implementation Acknowledgement, a required standard transaction to acknowledge initial receipt of an electronic claim file and whether it was accepted or rejected and interpret any error encountered on this report so providers and vendors can correct and resubmit their electronic claim files quickly.

- http://www.cgsmedicare.com/pdf/999_277CA_JobAid.pdf
- http://www.cgsmedicare.com/pdf/ASC_X12N_v005010%20JobAid.pdf

Medicare Fee-for-Service (FFS) is utilizing codes sets for editing of the inbound ASC X12 version 5010 transactions. These codes sets are listed in the ASC X12 Technical Report Type 3 (TR3), also known as an Implementation Guide. Click on the following link for more information: http://www.cms.gov/ElectronicBillingEDITrans/40_FFSEditing.asp#TopOfPage

Electronic Media Claims (EMC) may be transmitted to CGS using various billing methods and communication software packages. The following link(s) list the Trading Partners (vendors, billing services,

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clearinghouses) who have tested their software with CGS and have been approved for 5010 claim submission:

- **KY Part B:** http://www.cgsmedicare.com/kyb/claims/edi/5010trading_partners.html
- **OH Part B:** http://www.cgsmedicare.com/ohb/claims/edi/5010trading_partners.html
- **OH and KY Part A:** <http://www.cgsmedicare.com/parta/edi/5010TradingPartners.html>
- **Home Health & Hospice:** http://www.cgsmedicare.com/hhh/edi/5010trading_partners.html

ANSI v5010 837I and 837P Edit Spreadsheet:

The edits included in the spreadsheets are intended to clarify the Z12N Implementation Guide instructions or add Medicare specific requirements. The edit spreadsheets should be utilized to assist in determining a resolution to any edits received. <http://www.cms.gov/MFFS5010D0/Downloads/837IandPeditSpreadsheets.zip>

ANSI v5010 Errata Testing Companion Guide Job Aids: The companion guide will assist in assuring that your claim files are processed correctly once testing has been completed.

- **KY Part B:** http://www.cgsmedicare.com/kyb/claims/edi/pdf/5010_Companion.pdf
- **OH Part B:** http://www.cgsmedicare.com/ohb/claims/edi/pdf/5010_Companion.pdf
- **OH and KY Part A:** http://www.cgsmedicare.com/parta/claims/edi/pdf/5010_Companion.pdf
- **Home Health & Hospice:** http://www.cgsmedicare.com/hhh/edi/pdf/5010_Companion.pdf

What are the differences between ANSI 5010 "Base" and Errata" versions? Use the link(s) below to find out:

- **KY Part B:** http://www.cgsmedicare.com/kyb/claims/edi/pdf/5010_A1_A2_Sheet.pdf
- **OH Part B:** http://www.cgsmedicare.com/ohb/claims/edi/pdf/5010_A1_A2_Sheet.pdf
- **OH and KY Part A:** http://www.cgsmedicare.com/parta/claims/edi/pdf/5010_A1_A2_Sheet.pdf
- **Home Health & Hospice:** http://www.cgsmedicare.com/hhh/edi/pdf/5010_A1_A2_Sheet.pdf

Top 10 Coordination of Benefits (COB) Errors Version 5010 Part A

The chart below provides an explanation of the top 10 COB errors for version 5010 Part A

Error Code	Error Message	Invalid Values
H25375	The Billing Provider Address must be a street address. Post Office Box or Lock Box addressed are to be sent in the Pay-to-Provider Address.	2010AA N301 2010AA N302
H46221	The Claim Check or Remittance Date is not used when the Line Check or Remittance Date is used.	2330B DTP
H40426	Billing Provider and Service Facility must be different.	2310E NM1
H30201	The Service Line Paid amounts (2430/SVD-02) and all Service Line Adjustment amounts (2430/CAS) do not equal the '%a' for this Service Line (Loop 2400). Totals in the 2430 loop are accumulated for each unique COB payer (2430/SVD-01).	2400 SV203
H51106	'%a' is not a valid NUBC Condition Code.	M1', '5', 'GO', '1', 'CC', 'H2', '9', 'D', '81', '7', '2', 'A7', '35', '8', '0', '0M', '54', 'MI', 'MO', '95', 'OT', '87', 'DO', 'DS', '3' 2300 HI02 2300 HI03 2300 HI01 2300 HI04
H11204	Code Value '%a' not used for element "%b"	'300', 'NM101', 'SQ0', 'REF01', '400', '28', 'HCP01', 'XX0', '000', 'F 0', '201', '454', '0', 'NM102', '016', '018', '077', '240', 'B05', 'REF', '770', '948', '010', '336', '9X0' 2420A NM101 2400 REF01 2400 HCP01 2410 REF01 2420A NM102
N22222	Test claim received for production COBA ID.	
H46253	The Rendering Provider was found but not expected because it is the same as the Attending Provider (2310A).	2310D NM109
H25407	Admitting Diagnosis must be used because this claim is for Inpatient Services.	2300 CLM
H20104	Invalid email address format (6414565050) at (PER04).	2010AA PER08 2010AA PER04 2010AA PER06

FISS and Direct Data Entry (DDE) Links & Job Aids

DDE IDs, Access and Security Measures, and Password Procedures/Changes:

- **OH Part A, KY Part A, and Home Health & Hospice:** <http://www.cgsmedicare.com/j15/news/COPE15782A.html>
- **OH and KY Part A:** <http://www.cgsmedicare.com/parta/pubs/news/2011/1111/cope17087.html>
- **Home Health & Hospice:** <http://www.cgsmedicare.com/hhh/pubs/news/2011/1111/cope17087.html>

Initial DDE/FISS System Logon and Password Change:

- **OH and KY Part A:** http://www.cgsmedicare.com/parta/edi/pdf/FISS_DDE_logon_Jobaid.pdf
- **Home Health & Hospice:** http://www.cgsmedicare.com/hhh/edi/pdf/FISS_DDE_logon_Jobaid.pdf

DDE Manual:

- **OH and KY Part A:** <http://www.cgsmedicare.com/parta/edi/DDE.html>
- **Home Health & Hospice:** <http://www.cgsmedicare.com/hhh/edi/DDE.html>

DDE Function Keys Quick Reference Guide:

- **OH and KY Part A:** http://www.cgsmedicare.com/parta/edi/pdf/DDE_Key_Quick_Reference_Jobaid_07112011.pdf
- **Home Health & Hospice:** http://www.cgsmedicare.com/hhh/edi/pdf/DDE_Key_Quick_Reference_Jobaid_07112011.pdf

Top 10 Coordination of Benefits (COB) Errors Version 5010 Part B

The chart below provides an explanation of the top 10 COB errors for version 5010 Part B.

Error Code	Error Message	Invalid Values
H40142	Discharge Date (DTP-01=096) was not expected because this claim is not for Inpatient Services	2300 DTP
H46233	The Clinical Laboratory Improvement Amendment (CLIA) Number at the 2400 should only be sent if different than the CLIA number sent in the claim level.	2400 REF02
H46223	The Description should not be used if the 2410 loop is submitted.	2400 SV101
N22222	Test claim received for production COBA ID.	
H25375	The Billing Provider Address must be a street address. Post Office Box or Lock Box addressed are to be sent in the Pay-to-Provider Address.	2010AA N301 2010AA N302
H46201	The Contact Name is required only in the first iteration of the Contact Information Segment.	2010AA PER02
H46207	The Property and Casualty Contact Information should only be used for Property and Casualty Claims when the information is deemed necessary by the submitter.	2010BA PER
H46239	The Detail Service Facility information must be different than claim level Service Facility Information.	2420C NM109
H46221	The Claim Check or Remittance Date is not used when the Line Check or Remittance Date is used.	2330B DTP
H20203	Element CLM16 is present, though marked "%a"	2300 CLM16 2000B PAT01 2300 HI03

Contact Numbers for J15 A/B MAC Contract

Home Health & Hospice

States: Colorado, Delaware, DC, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, N Dakota, S Dakota, Pennsylvania, Utah, Virginia, West Virginia, and Wyoming

Electronic Data Interchange (EDI)	1.866.758.5666 • 7:00 am to 4:30 pm (CT)
IVR: IVR User Guide (http://www.cgsmedicare.com/hhh/help/pdf/IVR_User_Guide.pdf)	1.877.220.6289
Home Health Complex Inquiries	1.877.299.4500 • 8:00 a.m. – 4:30 p.m. (CT)
Hospice Complex Inquiries	1.866.539.5592 • 8:00 a.m. – 4:30 p.m. (CT)
TTY/TDD Number	1.866.854.1876

Kentucky & Ohio Part A

Electronic Data Interchange (EDI)	1.866.758.5666 • 7:00 am to 4:30 pm (CT)
IVR: IVR User Guide (http://www.cgsmedicare.com/parta/help/CGS_J15_PartA_IVR_User_Guide.pdf)	1.866.289.6501
Provider Customer Service	1.866.590.6703 • 8:00 a.m. – 5:00 p.m. (CT)
TTY/TDD Number	1.855.294.9889

Kentucky Part B

Electronic Data Interchange (EDI)	1.866.758.5666 • 7:00 am to 4:30 pm (CT)
Fax number for EDI applications and forms - <i>preferred method</i>	1.615.664.5917
IVR: IVR User Guide (http://www.cgsmedicare.com/kyb/claims/ivr/PartB_IVR_user_guide.pdf)	1.866.290.4036
Provider Customer Service	1.866.276.9558 • 8:00 am – 5:00 pm (EST)

Ohio Part B

Electronic Data Interchange (EDI)	1.866.758.5666 • 7:00 am to 4:30 pm CT
Fax number for EDI applications and forms - <i>preferred method</i>	1.615.664.5927
IVR: IVR User Guide (http://www.cgsmedicare.com/kyb/claims/ivr/PartB_IVR_user_guide.pdf)	1.877.290.4036
Provider Customer Service	1.877.276.9558 • 8:00 a.m. – 5:00 p.m. (CT)