

# EDI CONNECTION

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## New! Electronic EDI Enrollment Online Application

The CGS EDI department is now offering a new EDI enrollment process. The Online EDI Application is user friendly. There are step by step directions in the event you may need assistance in completing the form. The new process allows providers to complete the necessary forms online, as well as assists both parties in reaching a goal of having a paperless environment. The required information is the same as our J15 EDI paper applications, but the online process ensures we receive your application.

After the application is submitted online we only require you to fax in a provider authorization form, which minimizes the paperwork you have to physically handle. A tracking number is generated for your records. When calling the EDI help desk this tracking number can expedite the process of locating the status of your application. If you have additional questions, please visit the CGS (<http://www.cgsmedicare.com>) website or contact the CGS Help Desk for EDI support:

- Ohio/Kentucky Part B 1.866.276.9558 Option 2
- Ohio/Kentucky Part A 1.866.590.6703 Option 2
- Home Health/Hospice 1.877.299.4500 Option 2

## Are You Requesting A Waiver To Send Paper Claims? Important Documentation Tips

The Administrative Simplification Compliance ACT (ASCA) prohibits payment of initial health care claims not send electronically as of October 16, 2003, except in limited situations:

- **Small Provider Claims** – The word “provider” is being used generically here to refer to physicians, suppliers, and other providers of health care services. **Providers that have fewer than 25 full-time equivalent employees (FTEs) and that are required to bill a Medicare intermediary are considered to be small. Physicians and suppliers with fewer than 10 FTEs and that are required to bill a Medicare carrier or Durable Medical Equipment Regional Carrier (DMERC) are classified as small.** See section 90.1 of Chapter 24 of the Medicare Claims Processing Manual (Pub. 100-04) for more detailed information on calculation of FTE employees and this ASCA requirement in general.
- **Roster billing** of inoculations covered by Medicare, except for those companies that agreed to submit these claims electronically as a condition for submission of flu shots administered in multiple states to a single carrier.
- **Dental Claims**
- Providers who submit **less than 10** claims per month on average during a calendar year

Medicare contractors are required to contact providers that appear to be submitting high numbers of paper claims to verify that those providers



meet one or more of the exception criteria for continued submission of their claims on paper. Providers are not to submit that information unless requested as part of an enforcement review. Providers are selected for review based upon the number of paper claims they filed in the prior quarter.

Providers selected for review that are unable to establish that they meet one or more exception criteria, or that fail to respond to a request for the applicable information will have their claims submitted on paper denied effective with the 91st day after the date of the first letter requesting the documentation. One follow-up notice is issued after 45 days if there is no response to the initial request. Providers that submit information to justify their continued submission of certain types or all of their claims on paper are notified by mail whether the information is acceptable and they have been approved for submission of paper claims. (See the Medicare Claims Processing Manual Pub.100-04, Chapter 24, Section 90.5 for further information.)

## ACCEPTABLE DOCUMENTATION FOR WAIVER

- **Small Provider Claims** - Copy of actual payroll or Quarterly Tax and Wage Report
- **Roster Billing** - Copy of flyer or list of locations where inoculations were given
- **Dental Claims** - Copy of Dental License
- **Fewer than 10 claims per month** - CGS will research system to determine if this is applicable

**REMINDER:** All documentation must include, PTAN, NPI and Tax ID number. Please contact the EDI Help Desk for additional questions or clarity.

Kentucky Part B and Ohio Part B – 1.866.276.9558 (Option 2)

Home Health/Hospice – 1.877.299.4500 (Option 2)

Kentucky Part A and Ohio Part A – 1.866.590.6703 (Option 2)

## Ordering and Referring Denial Edits Will Be Implemented on January 6

CMS will instruct contractors to turn on Phase 2 denial edits on January 6, 2014. These edits will check the following claims for a valid individual National Provider Identifier (NPI) and deny the claim when this information is invalid:

- Claims from clinical laboratories for ordered tests;
- Claims from imaging centers for ordered imaging procedures;

- Claims from suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for ordered DMEPOS; and
- Claims from Part A Home Health Agencies (HHAs).

For more information: MLN Matters® Article #SE1305 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1305.pdf>), “Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)”.

## User ID and Password Resets for Direct Data Entry (DDE) and Provider Professional Telecommunications Network (PPTN)

CGS EDI does not handle the resetting of DDE/PPTN user IDs or passwords.

You must call or email our security department to have your user ID or password reset:

E-mail: [CGS.Medicare.OPID@cgsadmin.com](mailto:CGS.Medicare.OPID@cgsadmin.com)

Phone: 1.615.660.5444

The following information is needed whether you are calling or emailing the security department:

- User ID (also known as your RACF ID)
- First and last name of the user
- Line of Business (Kentucky Part B, Ohio Part B, Kentucky Part A, Ohio Part A, or Home Health & Hospice)
- Any message you are receiving when trying to log in

## ICD10 - It's Coming Soon, Are you Prepared? ICD 10 Provider Resources

On **October 1, 2014**, the health care industry will transition from ICD-9 to ICD-10 codes for diagnoses and inpatient procedures. This transition is going to change how you do business—from registration and referrals to superbills and software upgrades. But that change doesn't have to be overwhelming. CMS has the following resources to help your practice prepare for the transition.

## Understanding the Basics

These fact sheets will introduce you to ICD-10, explain why it's necessary, and give you the information you'll need to get started on your transition:

- Intro Guide to ICD-10  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-Intro-Guide.pdf>)
- ICD-10 FAQs  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs2013.pdf>)
- The ICD-10 Transition: An Introduction  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10\\_Introduction\\_060413%5b1%5d.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413%5b1%5d.pdf))
- ICD-10 Basics for Medical Practices  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10\\_Basics\\_for\\_Medical\\_Practices\\_060413%5b1%5d.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Basics_for_Medical_Practices_060413%5b1%5d.pdf))
- Talking to Your Vendors About ICD-10: Tips for Medical Practices  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10TalkingtoYourVendorsforMedicalPractices%5b1%5d%5b1%5d.pdf>)
- ICD-10 and CMS eHealth: What's the Connection?  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10andCMSeHealth-WhatsTheConnection\\_071813remediated%5b1%5d.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10andCMSeHealth-WhatsTheConnection_071813remediated%5b1%5d.pdf))
- ICD-10 Basics for Small and Rural Practices  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10BasicsSmallandRuralPractices%5b1%5d.pdf>)

## Implementation Guides, Timelines, and Checklists

Checklists and timelines provide an at-a-glance view of what you need to do to get ICD-10 ready. The ICD-10 implementation guides provide detailed information about the ICD-10 transition.

CMS also developed an online ICD-10 implementation guide, which is a Web-based tool that provides step-by-step guidance on how to transition to ICD-10 for small/medium practices, large practices, small hospitals, and payers.

Please note that the dates and milestones in these materials are recommendations only; you can adapt them to your needs for meeting the **October 1, 2014**, deadline.

## Online ICD-10 Implementation Guide

- Online ICD-10 Guide  
(<https://implementicd10.noblis.org/>)

### Checklists with ICD-10 transition tasks and estimated timeframes

- Large Practices  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesChecklistTimeline.pdf>)
- Small and Medium Practices  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallMediumChecklistTimeline.pdf>)
- Small Hospitals  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallHospitalsChecklistTimeline.pdf>)

### Timelines with suggested dates for important ICD-10 transition activities

- Large Practices  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10LargePracticesTimelineChart.pdf>)
- Small and Medium Practices  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallMediumTimelineChart.pdf>)
- Small Hospitals  
(<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallHospitalsTimelineChart.pdf>)

### Implementation Guides

- Large Practices  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10\\_LargePractice\\_Handbook\\_060413%5b1%5d.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_LargePractice_Handbook_060413%5b1%5d.pdf))
- Small and Medium Practices  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10\\_Small-MedPractice\\_Handbook\\_060413%5b1%5d.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10_Small-MedPractice_Handbook_060413%5b1%5d.pdf))
- Small Hospitals  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10\\_Sm-Hosp\\_Handbook\\_060413%5b1%5d.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Sm-Hosp_Handbook_060413%5b1%5d.pdf))

### Implementation Planning

Get step-by-step information to help you plan for the transition.

- Role of Clearinghouses in the ICD-10 Transition  
([http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10\\_Role\\_Of\\_Clearinghouses\\_091813\\_remediated.pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Role_Of_Clearinghouses_091813_remediated.pdf))

- Plan to Mitigate Risk for a Smooth Transition (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/MitigateriskforaSmoothICD10Transition.pdf>)
- Planning Your ICD-10 Transition Activities for 2013 (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/PlanningYourICD10TransitionActivities.pdf>)
- Simple Steps to Improve Clinical Documentation (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/SimpleStepstoImproveClinicalDocumentation.pdf>)
- Develop Your ICD-10 Communication and Awareness Plan (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10CommunicationAwarenessPlan.pdf>)
- The ICD-10 Planning Checklist (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10PlanningChecklist.pdf>)
- Review How You Use ICD-9 Codes (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ReviewHowYouUseICD9Codes.pdf>)
- Looking Back at Version 5010 and Ahead to ICD-10 (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/LookingBackatVersiopn5010andAheadtoICD10.pdf>)

## Communicating About ICD-10

Communication between health care providers, software vendors, clearinghouses, and billing services is an important part of the transition process. Learn how to get the conversation started.

- Talking to Your Vendors About ICD-10: Tips for Medical Practices (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICDTalkingtoYourVendorsforMedicalPractices%5b1%5d%5b1%5d.pdf>)
- Communicating with Your Payers About ICD-10 (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10CommunicatingwithYourPayers.pdf>)
- Communicating with Your Software Vendor (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/CommunicatingwithYourSoftwareVendor.pdf>)
- Questions to Ask Your Systems Vendors about ICD-10 (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10QuestionstoAskYourVendors.pdf>)

## Testing

CMS has resources to help providers conduct ICD-10 testing with their trading partners. To learn more, visit the CMS end-to-end testing website (<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html>).

## Medscape Modules

Medscape Education modules offer guidance for small practices making the transition to ICD-10. Continuing medical education (CME) and continuing education (CE) credits are available to physicians and nurses who complete the learning modules, but anyone can take them and receive a certificate of completion.

- ICD-10: A Roadmap for Small Clinical Practices (<http://www.medscape.org/viewarticle/809674>)
- ICD-10: Small Practice Guide to a Smooth Transition (<http://www.medscape.org/viewarticle/809726>)

Past Medscape Education Modules on ICD-10 tailored for small/medium practices or large practices are also available:

- ICD-10: A Guide for Small and Medium Practices (<http://www.medscape.org/viewarticle/766192>)
- ICD-10: A Guide for Large Practices (<http://www.medscape.org/viewarticle/766145>)
- Transition to ICD-10: Getting Started (<http://www.medscape.org/viewarticle/765754>)

## Conferences, Meetings, and Webinars

CMS conducted training on ICD-10 for the National Association of Community Health Centers. The recording of the training (<http://youtu.be/ZSUjexVGB7E>) is posted on the CMS YouTube Channel.

On June 20, 2013, the CMS Regional Offices conducted three webinars on ICD-10. Recordings of the webinars are posted on the CMS YouTube Channel:

- Transitioning to ICD-10 – Eastern Event ([http://www.youtube.com/watch?v=2cSBh\\_h45Wc&feature=youtu.be](http://www.youtube.com/watch?v=2cSBh_h45Wc&feature=youtu.be))
- Transitioning to ICD-10 – Central Event (<http://www.youtube.com/watch?v=Ca3DTDvYNx8&feature=youtu.be>)
- Transitioning to ICD-10 – Mountain/Pacific Event (<http://www.youtube.com/watch?v=nFmltuTH5Es&feature=youtu.be>)

Slides and transcript from the CMS-AAPC Code-a-thon webinar

- CMS PowerPoint (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/CMSICD-10Overview.pdf>)
- AAPC PowerPoint (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/AAPCICD-10WillChangeEverything.pdf>)
- Transcript (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/AAPCICD-10WillChangeEverything.pdf>)



## Stay up to date on ICD-10!

- Sign up for Email Update messages ([https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic\\_id=USCMS\\_608](https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_608))
- Follow us on Twitter (<https://mobile.twitter.com/cmsgov>)

Check out the full list of CMS ICD-10 resources (<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10-ResourcesFlyer20130913remediated.pdf>)

## Related Links

- Version 5010 Industry Resources [http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/Version\\_5010-Industry-Resources.html](http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/Version_5010-Industry-Resources.html)
- MLN General Information <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- American Academy of Family Physicians (AAFP) - Opens in a new window <http://www.aafp.org/online/en/home.html>
- American College of Cardiology (ACC) - Opens in a new window <http://www.cms.gov/Medicare/Coding/ICD10/> <http://www.cardiosource.org/Practice-Management/Coding-and-Billing.aspx>
- American Academy of Professional Coders (AAPC) - Opens in a new window <http://www.aapc.com/>
- American College of Physicians (ACP) - Opens in a new window ([http://www.acponline.org/running\\_practice/practice\\_management/payment\\_coding/coding/](http://www.acponline.org/running_practice/practice_management/payment_coding/coding/))
- American Health Information Management Association (AHIMA) - [Opens in a new window \(http://www.ahima.org/\)](http://www.ahima.org/)
- American Hospital Association (AHA) - Opens in a new window (<http://www.aha.org/>)
- American Medical Association (AMA) - [Opens in a new window \(http://www.ama-assn.org/go/ICD-10\)](http://www.ama-assn.org/go/ICD-10)
- American Medical Billing Association (AMBA) - [Opens in a new window \(http://www.ambanet.net/AMBA.htm\)](http://www.ambanet.net/AMBA.htm)
- Association of American Medical Colleges (AAMC) - [Opens in a new window \(https://www.aamc.org/initiatives/hit/ICD10/\)](https://www.aamc.org/initiatives/hit/ICD10/)
- Healthcare Billing and Management Association (HBMA) - [Opens in a new window \(http://www.hbma.org/\)](http://www.hbma.org/)
- Healthcare Information and Management Systems Society (HIMSS) - [Opens in a new window \(http://www.himss.org/library/ICD-10/playbook?navItemNumber=13480\)](http://www.himss.org/library/ICD-10/playbook?navItemNumber=13480)
- Leading Age - Opens in a new window (<http://www.leadingage.org/Article.aspx?id=433>)
- National Association of Community Health Centers (NACHC) - [Opens in a new window \(http://www.nachc.com/Definitions.cfm\)](http://www.nachc.com/Definitions.cfm)
- National Rural Health Association (NRHA) - [Opens in a new window \(http://www.ruralhealthweb.org/\)](http://www.ruralhealthweb.org/)
- Medical Group Management Association (MGMA) - [Opens in a new window \(http://www.mgma.com/5010ICD10/\)](http://www.mgma.com/5010ICD10/)
- Professional Association of Health Care Office Managers - [Opens in a new window \(https://www.pahcom.com/\)](https://www.pahcom.com/)
- Workgroup for Electronic Data Interchange (WEDI) - [Opens in a new window \(http://www.wedi.org/\)](http://www.wedi.org/)

## Does your organization need assistance with ICD-10 training/education?

Your number 1 source of ICD-10 information is offered on the CMS Provider Resource Web page at. <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

Additionally, the WHO (World Health Organization) has developed a training course designed specifically around all levels of staff and their need for specific ICD-10 knowledge.

Visit their website for further details.

<http://www.who.int/classifications/icd/implementation/en/>

Download their ICD-10 Resource User Guide and launch the course. [http://apps.who.int/classifications/apps/icd/ICD10training/ICD-10%20training/ICD-10\\_Resources/User\\_Guide.pdf](http://apps.who.int/classifications/apps/icd/ICD10training/ICD-10%20training/ICD-10_Resources/User_Guide.pdf)

## Need Help Mapping From ICD-9 to ICD-10?

### ICD-10 Code Translator

The ICD-10 code online translator tool allows you to compare ICD-9 to ICD-10 codes. ICD-9 is being expanded from 17,000 to approximately 141,000 ICD-10 codes, and this online tool can help you [map \(http://www.aapc.com/ICD-10/ICD-10-mapping.aspx\)](http://www.aapc.com/ICD-10/ICD-10-mapping.aspx) that expansion. (Note: this tool only converts ICD-10-CM codes, not ICD-10-PCS.)

Note: For a better explanation of the code format, please refer to our ICD-10 conversion and mapping tutorial (<http://www.aapc.com/ICD-10/conversion-mapping.aspx>). For help with mapping, consider our ICD-10 mapping services (<http://www.aapc.com/ICD-10/ICD-10-mapping.aspx>).

The AAPC has added several helpful tools and links to assist include their ICD-10 Code Translator.

Visit their site to download the conversion widget.

<http://www.aapc.com/ICD-10/codes/index.aspx>

**Disclaimer:** This tool is based on the General Equivalency Mapping (GEM) files published by CMS, and is not intended to be used as an ICD10 conversion, ICD-10 mapping (<http://www.aapc.com/ICD-10/ICD-10-mapping.aspx>), or ICD-9 to ICD-10 crosswalk (<http://www.aapc.com/ICD-10/crosswalks/index.aspx>) tool. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results before applying them.

## myCGS Redetermination Enhancement

The myCGS Web portal has been enhanced! myCGS will now allow J15 Part A and Part B providers to submit redetermination requests, including supporting documentation, via the portal. This feature will save mailing time, costs and allow you to monitor the status of your appeal requests. For more information about this new feature, refer to the *myCGS User Manual*, Chapter 6, located at <http://www.cgsmedicare.com>.

Questions about the functionality of submitting a redetermination can be resolved by calling the EDI Help desk. All other redetermination questions are handled through the Provider Contact Center.

## myCGS Web Portal Registration

myCGS is an Internet-based, application that enables providers to access their Medicare information securely. There is no cost to providers to use myCGS. To access the myCGS portal, go to: <http://www.cgsmedicare.com>.

### How to Enroll

1. Each PTAN/NPI combination must be registered separately. If appropriate to your provider type, we recommend using the Billing or Group PTAN/NPI.
2. To Enroll, you will need:
  - a. The NPI, PTAN Number, and Tax Identification.
  - b. The most recent Medicare payment amount received. In order to confirm your provider, we will need the last check amount that was processed through our system. If you do not have this information, the CGS EDI Help Desk can provide that information.
  - c. An EDI Enrollment agreement on file. Verify that you have the EDI Enrollment information on file with CGS. (Hint: if you are currently submitting electronically to CGS, you have an EDI Enrollment form on file). If you do not, you will need to complete the form, which can be accessed from <http://www.cgsmedicare.com>. Click on the appropriate tab: Ohio Part B, Kentucky Part B, Kentucky/Ohio Part A, or Home Health & Hospice. Click on the EDI button on the left side of the page and choose either "EDI Enrollment Packet" or our new "Online EDI Application" link.

3. Set up the validation information and security checks, in case of updates within your office
  - a. Once the registration application is submitted, an email will be sent to the address that was on the application to verify your registration. Click on the link within that email and myCGS will be available to you! You will receive your User ID, and have the ability to change your password at that point.

The original person who registers for the program will be considered the Provider Administrator. Each organization (PTAN/NPI combination) must identify at least one person to be the Provider Administrator. However, it is recommended that more than one person be given administrative rights. The Provider Administrator is responsible for granting access for other users in the organization. The Provider Administrator can also reset passwords for the other user in your office.

**Reminder:** Provider Administrators must sign into myCGS once every 60 days or the account will become inactive for all users.

## Important Information About Your Clearinghouse

Do you use a clearinghouse to submit your Medicare claims? If so, are you aware they should be your first point of contact? Regardless, if you have a question about claim status, edit errors or transaction report. CGS would like to remind providers using a clearinghouse to submit their Medicare claims that the 999 and 277CA are transmitted to the clearinghouse in a downloadable transaction. After claims are submitted to Medicare an acknowledgement report is generated and sent back to the claim submitter. Providers must request these transactions reports from their clearinghouse. The clearinghouse is responsible for producing a readable report for the provider.

In the rare occasion, the clearinghouse is unable to produce your transaction reports, providers can contact EDI. In order to provide you with the best service, be prepared and have your acknowledgement file available when contacting EDI. It is CGS expectations that your acknowledgement files are returned to you from the clearinghouse after every clearinghouse submission. The acknowledgement file will give the provider identifying information, such as the file number. This file number is very important when trying to locate your 999 or 277CA reports in a timely manner. Without this vital information, the files are difficult to locate amongst the volumes of files that your clearinghouse may send on a daily basis.

## System Failure Alternatives

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We all realize that in the course of a productive business day, a software or system failure is not entirely likely, but always possible. To maintain a steady flow of productivity, having an alternative or backup system can be of great resource should one system fail.

Here is a list of alternatives and backups that should be helpful when your systems do not work properly:

1. Primary Method: Your usual method of posting payments is electronically using through the 835 (Electronic Remittance file). For some reason you are not able to view, post, or even open the Remittance Advice. You also need to check the status of claims, but cannot get connected for some reason.

Alternative: You can retrieve the .PDF version of the remittance advice from our myCGS Web portal after registration. You can also check on patient eligibility, claim status, and more on our myCGS Web portal. The website to go to is [https://www.onlineproviderservices.com/cgs\\_ops/](https://www.onlineproviderservices.com/cgs_ops/). Click on the "Register Now" button to register if necessary.

2. Primary Method: Your primary claim creation software is experiencing severe errors and cannot be fixed in a timely manner. You need to get the claims entered in the adjudication system and need an alternative to your primary method.

Alternative: You can utilize our free PC-ACE Pro32 software to create the claim file that needs to be submitted. To download the software, go to <http://www.cgsmedicare.com/ohb/claims/edi/pro32/index.html> and click on the link that says PC-ACE Pro32 Full Install and then follow the prompts to begin installation.

3. Primary Method: For some reason your primary means of submitting claims through a third party vendor is not working, and you need to get your 837 claim file uploaded into the adjudication system.

Alternative: HyperTerminal and FTP can be utilized to submit your claims and to download your Remittance Advice. If you have a PC, HyperTerminal software, a modem, and a dedicated landline, you can dial into the GPNET system to upload your claim files and download your remittances. More information for both protocols can be found at: <http://www.cgsmedicare.com/ohb/claims/edi/pdf/CGSGPNetCommunicationsManual20110418.pdf>

## Kentucky and Ohio Part B Top ANSI 5010 Claim Rejections

CGS has listed the top ANSI 5010 rejections for review for our Ohio Part B Medicare claims submitters.

This Covers December 7, 2013 – December 13, 2013

	Edit Message	# of Edit Occurrences	Business Edit Message	Resolution
1	X222.087.2010AA. NM109.050	2246	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	Verify the Submitter ID (ISA06) is valid and setup for electronic submission (EDI) for the Billing provider NPI sent in the electronic file. If invalid, please correct and resubmit the file (s) affected
2	X222.121.2010BA. NM109.020	693	This Claim is rejected for Invalid Information for a Subscriber's contract/ member number	Verify the Patient member ID number (Patient's Medicare number, HICN) is valid. Please correct and resubmit the claim (s) affected.
3	X222.094.2010AA. REF02.050	641	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	Verify the Billing Provider NPI is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim (s) affected.
4	X222.087.2010AA. NM109.030	540	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	Verify the Billing Provider NPI is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim (s) affected.
5	X222.262.2310B. NM109.030	443	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	Verify the Rendering Provider's NPI is valid, contains 10 digits and matches what we have on file.
6	X222.351.2400.SV101-7.020	329	This Claim is rejected for relational field Information within the Detailed description of service	When you send a non-specific Procedure code (SV101-2) for a drug prescribed, supplied or administered and the Drug code (2410 LIN03) submitted for the patient's claim, the description of Drug name and quantity of units is the only information required in this field.  (Example – SV1*HC:J3301:::TRIAMCINOLONE ACETONIDE 10 MG*150*UN*1)  or  When you send a procedure code that does not describe the service provided specifically, the description of the service provided is required in this field  (Example – SV1*HC:97760:GO:::OCCUPATIONAL THERAPY*50*UN*1~)  Please correct and resubmit the claim(s) affected.  Note: Do not send the description in the NTE segment (2400 NTE).
7	X222.430.2420A. NM109.030	300	This Claim is rejected for Invalid Information within the Rendering Provider's National Provider Identifier	Verify the Rendering Provider's NPI is valid, contains 10 digits and matches what we have on file
8	X222.351.2400.SV101-2.020	291	This Claim is rejected for relational field Information within the HCPCS	Verify procedure code (HCPCS or CPT) submitted is valid. If invalid, please correct and resubmit the claim (s) affected
9	X222.351.2400.SV101-3.010	224	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	Verify procedure modifier submitted is valid. If invalid, please correct and resubmit.