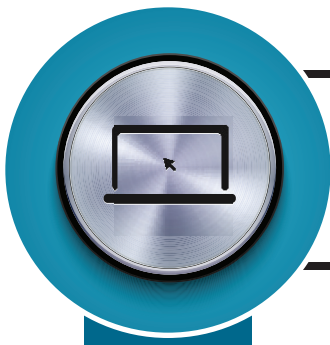


# EDI Connection



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## Multi-Factor Authentication (MFA) Email Reminder

Begin 2018 with confidence that you will receive the myCGS MFA verification code in order to access the myCGS portal. If you selected email as your delivery method, here are a few tips to ensure delivery of your MFA code.

- Be sure the email address "[mycgs.no.reply@palmettogba.com](mailto:mycgs.no.reply@palmettogba.com)" is added to your contact list; and
- Adjust your spam settings, or follow the instructions from your email provider on how to prevent our emails from being marked "Spam" or "Junk Mail."

To change your MFA delivery option to 'text', access the My Account tab and enter your mobile phone number and mobile carrier information.

## How and Where to Register for myCGS

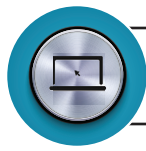
myCGS is an Internet-based, provider self-service secure application. CGS's goal is to give providers secure, fast access to their Medicare information seamlessly via our website through the myCGS application. The myCGS application provides access through the Internet to the following types of information:

- Beneficiary Eligibility
- Checking Claims Status
- View and print Remittance Advices
- Financial Information, including payment floor and last three checks paid
- Submit redetermination requests and status checks and more

The myCGS application is generally available 24 hours a day, seven days a week. However, the availability of some functions within myCGS is dependent upon other systems, and therefore, not all functions may be available 24/7.

Providers wanting to access to the myCGS portal will need to register online at <https://www.cgsmedicare.com>. Providers must select their region at the top right side (J15 Part A, J15 Part B, or J15 HHH). On the top left side select myCGS Portal link. Once selected other links will appear underneath the tab. The following links will be displayed: myCGS login, User manual, FAQs, Help Desk Info and myCGS Password Help. Select myCGS login.

New users must select Register under the New User section. The provider will enter the requested information into myCGS (provider name, contact name, email, phone number, PTAN, NPI, TAX ID, most recent Medicare payment and Line of Business). Users should agree to the terms and click submit. The provider will have to develop a profile by setting up their security questions, add an email address and phone number, mobile carrier for the verification code (if needed) and click submit. An email will be sent to the email address, the user must verify their profile via email. Then, the provider can log in with the user ID that is provided to them and the password



that they setup. Registration is now complete. For additional step by step guidance see the myCGS Registration Checklist: [https://www.cgsmedicare.com/partb/mycgs/mycgs\\_checklist.pdf](https://www.cgsmedicare.com/partb/mycgs/mycgs_checklist.pdf).

## NPI PTAN Not Present in the Crosswalk

The current FISS crosswalk currently removes terminated NPI's and PTAN's from the crosswalk, as well as old owner CHOW's NPI and PTAN information. In these cases, claims will end up back in RTP status with a reason code of 32103 due to the NPI and PTAN combination not being on the FISS crosswalk. This process is changing in January 2018. The purpose of this article is to explain the current process as well as the upcoming changes being made to the FISS crosswalk.

### What does this mean to me?

#### Between now and December 31, 2017:

**Termination/Revocation:** If your facility was recently terminated or revoked and the claims needing to be billed are within the timely limits allowed by CMS, i.e., 1 year for terminations / 60 days for revocations, contact the Provider Contact Center (PCC) to request to have the NPI/PTAN added back to the crosswalk. This process requires CMS approval. Please allow 2-3 weeks for CMS approval and all the systems to be updated to show the NPI/PTAN combination back on the crosswalk to resume billing. Currently changes are approved for 90 days and can be requested multiple times up until the end of 2017. After December 31, 2017, there will no longer be a need to make these manual requests as the crosswalk will no longer be applicable.

**CHOW's:** The process related to CHOW's was updated by CMS through SE17012 – Updated Manual Guidelines for Electronic Funds Transfer (EFT) Payments and Change of Ownership (CHOW) on May 16, 2017 with an effective date of May 15, 2017.

- **CHOW application received by MAC before 5/15/2017 AND CHOW approval tie in received before 12/31/2017** – If your facility meets this criteria and you are receiving reason code 32103, contact the Provider Contact Center (PCC) to request to have the NPI/PTAN added back to the crosswalk. This process requires CMS approval. Please allow 2-3 weeks for CMS approval and all the systems to be updated to show the NPI/PTAN combination back on the crosswalk to resume billing. Currently changes are approved for 90 days and can be requested multiple times up until the end of 2017.
- **CHOW application received by MAC after 5/15/2017 AND CHOW approval tie in received before 12/31/2017** – for CHOW applications filed after this date, once the CMS approval of the CHOW is received via a tie in notice, and the MAC approves the buyers information in PECOS/FISS, the old owner will no longer be able to bill for services using their NPI. The seller will need to work with the buyer to submit any outstanding claims. All payments once the CHOW is approved will go to the buyers account.

#### January 1, 2018 and after:

**Termination/Revocation:** These will no longer be impacted and providers will be able to bill for claims needed to be billed that are within the timely limits allowed by CMS, i.e., 1 year for terminations, 60 days for revocations

**All CHOW's regardless of date submitted:** Once the CMS approval of the CHOW is received via a tie in notice, and the MAC approves the buyers information in PECOS/FISS, the old owner will no longer be able to bill for services using their NPI. The seller will need to work with the buyer to submit any outstanding claims. All payments once the CHOW is approved will go to the buyers account.

Please refer to the chart below to show the different scenarios related to the FISS crosswalk:

	Now thru 12/31/2017	On or After 1/1/2018
<b>Termination</b>	Contact the applicable PCC to request PTAN/NPI added back to the crosswalk	No longer impacted, able to bill for claims submitted within the timely limits allowed by CMS.
<b>Revocation</b>	Contact the applicable PCC to request PTAN/NPI added back to the crosswalk	No longer impacted, able to bill for claims submitted within the timely limits allowed by CMS.
<b>CHOW Received before 5/15/2017</b>	Contact the applicable PCC to request PTAN/NPI added back to the crosswalk	Seller must work with buyer to complete final billing up to timely filing requirement dates
<b>Chow Received after 5/15/2017</b>	Seller must work with buyer to complete final billing up to timely filing requirement dates	Seller must work with buyer to complete final billing up to timely filing requirement dates

#### Provider Contact Center Phone Numbers:

- Home Health and Hospice – 1.877.299.4500
- Part A – 1.866.590.6703

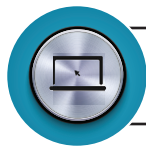
## Tips Submitting EDI Application

Looking for a way to simplify the EDI Application process? Listed below are a few tips to consider when completing the application.

- Input the Submitter ID for the 837 (submitting claims) and the 835 (to receive ERA) on the same application.
- Enter the full name of the Software Vendor and Network Service Vendor when applying for New Submitter ID
- If the Group Practice has (1) PTAN but multiple NPI's are linked, list only 1 of the NPI's on the application. A. separate application is not required for each NPI.

Please contact the EDI Help Desk at the numbers below for questions or clarity completing the EDI Enrollment process.

- **Part B EDI** - 1.866.276.9558 , Option 2
- **HHH EDI** - 1.877.299.4500, Option 2
- **Part A EDI** - 1.866.590.6703, Option 2



## DDE Password Changes and Requirements

The current requirements for passwords remain in effect:

1. Password length - 8 characters.
2. At least one of each of the 4 character types are required:
  - Uppercase Letters = ABCDEFGHIJKLMNOPQRSTUVWXYZ
  - Lowercase Letters = abcdefghijklmnopqrstuvwxyz
  - Numbers = 0123456789
  - Special Characters = \$@#. <+|&!\*-%\_>?:=

The additional password content Defense Information Systems Agency (DISA) and Security Technical Implementation Guides (STIG) requirements were implemented on 3/23/2017:

1. No more than 3 consecutive characters of the user's name or USERID may be used in the password.
2. Consecutive repeating characters are not allowed – for example the 'll' in 'allowed' will cause an error. Characters can be repeated, for example 'e' in 'Eve' would be acceptable, but characters used more than once cannot be immediately next to each other in the password.
3. Only 3 unchanged positions of the current password are allowed to be used in the new password. An unchanged position means the same character in the same position, 1 thru 8, in the new password.
4. The following 'words' are restricted and may not be used in any position in the password:
  - IBM           ▪ PASSWORD       ▪ SECRET       ▪ SYS1
  - RACF       ▪ PHRASE       ▪ IBMUSER
5. The following abbreviations may not be used as the 1st characters of passwords:

APPL	BASIC	FEB	JUL	MAY	OCT	SIGN	VALID
APR	CADAM	FOCUS	JUN	NET	PASS	SYS	VTAM
AUG	DEC	GAME	LOG	NEW	ROS	TEST	XXX
ASDF	DEMO	JAN	MAR	NOV	SEP	TSO	1234

6. Passwords must meet the following requirements:
  - Passwords expire after 30 days. Providers will be required to enter a new valid password.
  - The password length must be eight characters and include at least one of the following special characters: = \$@#. <+|&!\*-%\_>?:=
  - Passwords must start with a letter and have at least one number and one letter.
  - Please note that passwords are case-sensitive.
  - Reset passwords cannot be the same as any of the previous 12 passwords.

- RACF IDs are revoked after three consecutive unsuccessful password attempts.
  - Inactive RACF IDs will automatically revoke after 30 days.
  - After 60 days of inactivity, the RACF ID will be permanently deleted.
7. Users that have been revoked must contact our Security Department at 1.615.660.5444 or [CGS.Medicare.OPID@cgsadmin.com](mailto:CGS.Medicare.OPID@cgsadmin.com).
    - The user must have their RACF ID and full name when contacting the Security Department.

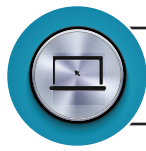
## Top Errors Submitting EDI Application Enrollment Forms

The benefits of submitting claims electronically are enormous, with earlier payment floor and earlier detection of errors, just to name a few. The EDI Enrollment packet provides a clear and comprehensive way to begin electronic billing. Also available is our online EDI Enrollment Packet to start the process.

Take a look at common mistakes that will cause your EDI Application to be returned.

Application Errors	Resolutions
Application received without the Group PTAN/NPI	<ul style="list-style-type: none"> <li>• Please list your group PTAN/NPI if part of a group</li> <li>• List the Individual PTAN/NPI combination if not part of a group</li> <li>• Include the same information on each of the required forms</li> </ul>
No Submitter ID included on application, just the name of the clearinghouse	<ul style="list-style-type: none"> <li>• The clearinghouse Submitter ID must be included on the application</li> <li>• PTAN listed erroneously as the Submitter ID</li> </ul>
Illegible Forms	<ul style="list-style-type: none"> <li>• All information, including CGS script, must be legible in order to bind the agreement and complete the setup</li> <li>• Signatures must be legibly signed</li> </ul>
Incorrect Line of Business checked on the application	<ul style="list-style-type: none"> <li>• Please check the correct Line of Business on the application</li> <li>• Do not select multiple Line of Business</li> <li>• Be consistent with the same Line of Business on each form</li> </ul>
Signature/Tax ID missing on PDF application or authorization form for electronic submission.	<ul style="list-style-type: none"> <li>• EDI applications cannot be processed if the signature page is not completed or missing</li> <li>• The Tax ID number is left blank</li> </ul>

For additional assistance, please visit our website: <https://www.cgsmedicare.com>. Select the appropriate line of business, select Electronic Data Interchange (EDI), and click Enrollment. Select the EDI Enrollment Packet for paper application submissions or choose Online EDI Application for online application submissions.

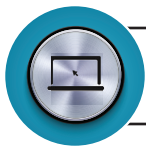


## Top 10 ANSI Claim Rejections - Part A

Edit Number	Business Edit Message	Resolution	
1	X223.424.2400.SV202-2.020	This Claim is rejected for Invalid Information within the HCPCS.	When 2400.SV202-1 = "HC", 2400.SV202-2 must be a valid HCPCS Code.
2	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
3	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.
4	X223.424.2400.SV202-7.025	CSCC A8: "Acknowledgement / Rejected for relational field in error"CSC 306 Detailed description of service	2400.SV202-7 must be present. when 2400.SV202-2 contains a non-specific procedure code.
5	X223.088.2010AA.N403.030	This Claim is rejected for containing Invalid Information within the Billing Provider's Postal/Zip Code.	2010AA.N403 must be a valid 9 digit zip code. Verify Postal/Zip Codes for the Other Payer on the USPS website prior to submitting claims.
6	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 the patient's Medicare number is not in these formats, your claim will reject.
7	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.
8	X223.143.2300.CLM02.080	This Claim is rejected due to the Claim being out of Balance within the Payer's payment information.	CLM02 must = the sum of all 2320 CAS amounts & all 2430 CAS amounts and the 2320 AMT02 (when AMT01=D) for each other payer occurrence.
9	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/zip Code when N404 equals US or blank. Verify Postal/Zip Codes for the Subscriber on the USPS website prior to submitting claims.
10	X223.381.2330A.N403.030	This Claim is rejected for Invalid Information within the Other Insured's Postal/Zip Code.	2330A.N403 must be a valid postal/zip Code when N404 equals US or blank. Verify Postal/Zip Codes for the Other Insured on the USPS website prior to submitting claims.

## Top 10 ANSI Claim Rejections - Part B

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	The billing provider must be "associated" to the submitter (from a trading partner perspective) in 1000A.NM109.
2	X222.121.2010BA.NM109.020	This Claim is rejected for Invalid Information for a 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 the patient's Medicare number is not in these formats, your claim will reject.
3	X222.351.2400.SV101-3.010	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". Procedure Modifier must be valid for the Service Date. (DTP01 = "472")
4	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. The rendering provider NPI was not found on the crosswalk. Note: We recommend Sole-proprietors, IDTFs, and Ambulance providers, with only a group NPI, not send the Rendering Provider Loop(s) 2310B or 2420A in the Medicare Part B claims to avoid unnecessary front-end rejections. CGS only requires NPIs in the Billing Provider Loop for the above types of providers."
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". When Product or Service ID Qualifier = "HC", the Procedure Code must be a valid HCPCS Code for the Service Date (DTP01 = "472"). This can also be caused by sending an invalid HCPCS and modifier combination. "
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. Billing Provider Tax Identification Number must be associated with the billing provider's NPI.



# EDI Connection

	Edit Number	Business Edit Message	Resolution
7	X222.430. 2420A. NM109.030	This Claim is rejected for Invalid Information within the Rendering Provider's National Provider Identifier (NPI)	2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.
8	X222.087. 2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	"2010AA.REF must be associated with the provider identified in 2010AA.NM109 Billing Provider Identifier must be a valid NPI on the Crosswalk. Verify that the NPI and PTAN are linked together."
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. Description must be present when Procedure Code requires a description/additional information."
10	X222.092. 2010AA. N403.020	This Claim is rejected for Invalid Information in the Billing Provider's Postal/Zip Code	2010AA.N403 must be a valid 9 digit Zip Code. The Billing Provider's address must contain the correct 9-digit ZIP code.