



EDI CONNECTION

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DDE Screen Changes—March 2

As part of the IT Modernization Project, the CMS Kent Data Center is replacing mainframe-based software products (CA TPX) with CL/Supersession (CL/SS).

Beginning on Monday, March 2, Direct Data Entry (DDE) users may notice:

- Login screens appear slightly different.
- A new screen for password changes.
- A new pop-up Exit Menu (when you exit from the session selection screen).
- A new option to temporarily lock your screen (from the session selection screen only).

Please review updates to the [FISS DDE User Manual](https://cgsmedicare.com/fiss/index.html) (Chapter 1—Overview) for details. (<https://cgsmedicare.com/fiss/index.html>)

If you have question or concerns about the changes, please contact your connectivity vendor.

EDI Enrollment Errors

The EDI Enrollment packet provides a clear and comprehensive way to begin electronic billing. The hard copy EDI Enrollment Agreement form is required to add an enrollment date PRIOR to submitting the Online EDI Application for new EDI PTAN setups.

Common reasons for a returned EDI Application include:

Application Error	Resolution
Missing signature	The EDI Enrollment Agreement Form requires a handwritten signature.
Missing Group PTAN/NPI	If part of a group, provide the group PTAN/ NPI rather than your individual PTAN when completing the Online EDI Application and each required form.
Illegible forms	All information, including CGS script and handwritten signatures, must be legible to bind the agreement and complete the setup.
Incorrect line of business	Select one line of business applicable for the PTAN listed on the application.
Missing signature or Tax ID	Add the Tax ID and a handwritten signature before faxing the Provider Authorization Form.

For additional assistance, please visit our EDI Enrollment webpages:

- J15 Home Health & Hospice: <https://cgsmedicare.com/hhh/edi/enrollment.html>
- J15 Part A Kentucky & Ohio: <https://cgsmedicare.com/parta/edi/enrollment.html>
- J15 Part B Kentucky & Ohio: <https://cgsmedicare.com/partb/edi/enrollment.html>





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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.

- [Register](https://cgsmedicare.com/mycgs/ssi/intro/registration.html)
(https://cgsmedicare.com/mycgs/ssi/intro/registration.html)
- [Access the WISeR prior authorization request \(PA WISeR\) form](https://cgsmedicare.com/mycgs/ssi/forms/wiser.html)
(https://cgsmedicare.com/mycgs/ssi/forms/wiser.html)
- [View messages in my Messages Inbox](https://cgsmedicare.com/mycgs/mycgs_user_manual_messages.html#messages_main)
(https://cgsmedicare.com/mycgs/mycgs_user_manual_messages.html#messages_main)

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	X223.424.2400.SV202-2.030	This Claim is rejected fo containing Invalid information for the HIPPS Rate Code for services Rendered.	2400.SV202-1 = "HP", 2400.SV202-2 ="1XXXX" must be a valid HIPPS Skilled Nursing Facility Rate Code.
3	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.
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.HI01-2.010	This claim rejected for Invalid Information...' CSC 725: 'NUBC Value Code(s).	If 2300.HI01-1 is "BG" the Condition codes within this HI segment cannot be duplicated.
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.HI03-2.010	This claim 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.
10	X223.349.2310F.NM108.020	This claim rejected for missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider"	2310F.NM108 must be present.



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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 NNNNNNNNNNA 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	X999.DUPE	Rejected due to duplicate ST/SE submission	Verify the file was not already sent prior to submitting.