Claim Status Inquiry
USER GUIDE

DME MAC JURISDICTION B

CGS®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Claim Status Inquiry USER GUIDE

Table of Contents

Updates and Revisions can be found on our Web site:
http://www.cgsmedicare.com/jb/claims/csi/csi.html

Claim Status Inquiry USER GUIDE

Introduction

Overview of Claim Status Inquiry (CSI)

Claim Status Inquiry (CSI) allows you to electronically check the status of production claims after they have passed the front-end edits and received Claim Control Numbers (CCN). Through CSI, you will know if your claim has been paid, denied, or pending. At least 3 working days after you successfully file a claim, you will be able to locate your claim in the processing cycle. Payment information is available for both electronic and paper claims. Also through CSI, you are able to receive payable Certificates of Medical Necessity (CMN) Information

These features use a direct data entry (DDE) format whereby the user inputs data into predefined fields and instantaneously is provided with a response. This type of inquiry does not require the format of an actual file and it does not return a report to the user.

CSI is available Monday through Friday 6 am – 8 pm CT and Saturday 6 am – 4 pm CT. Also, CSI may occasionally be unavailable due to regular system maintenance and enhancements. If there are any planned outages, we'll send an Electronic Mailing List (https://www.cgsmedicare.com/email.html) to let you know.

Enrollment

Before enrolling in CSI, you must have a gateway connection through a Network Service Vendor. The Network Service Provider will provide downloading instructions, a login ID, and a password to access the gateway. CGS has agreements with the following Network Service Vendors:

CSI Network Service Vendors
Ability Network Contact: 1.612.460.4327
General Inquiries: 1.877.340.5610
https://www.abilitynetwork.com

Once you have a connection set up, complete the CSI User ID Access Request Form (http://www.cgsmedicare.com/jb/forms/index.html). Once we process and approve your form, we'll send you an email with your user ID and instructions to call and get your password. This user ID and password are different from your Network Service Vendor login credentials.

Note: The Centers for Medicare and Medicaid Services (CMS) requires all identification numbers and passwords to be monitored and secured on a regular basis. In order to maintain the highest level of security, your CGS user ID will be disabled if not used at least once every 30 days. To reinstate your user ID please contact the Security Administration Team at CGS.Medicare.OPID@CGSAdmin.com. If your user ID is not used for 60 days it will be deleted and you will be required to apply for a new user ID.

Claim Status Inquiry (CSI) Annual Recertification

Every year, you must complete an annual recertification process by completing the CSI Recertification Form (https://www.cgsmedicare.com/jb/claims/pdf/csi_be_userid_recert.pdf).

Your recertification is based on the month your ID was created or reactivated. If you don't submit your Recertification Form before the last day of your anniversary month, your access will be deactivated. To get access back, you'll need to re-register by submitting a CSI User ID Access Request Form (https://www.cgsmedicare.com/jb/forms/pdf/jb_csi_user_id_request_form.pdf).

Please make sure to complete all fields to ensure there are no issues.

If you currently have access in both Jurisdiction B and Jurisdiction C, you will only need to send one form. Please be sure to include all NPI/PTANs that you need to continue to have access to.

Claim Status Inquiry **USER GUIDE**

Sign On

Before signing into CSI, you must first establish a connection through your Network Service Provider. Once you are connected, you should receive the following screen:
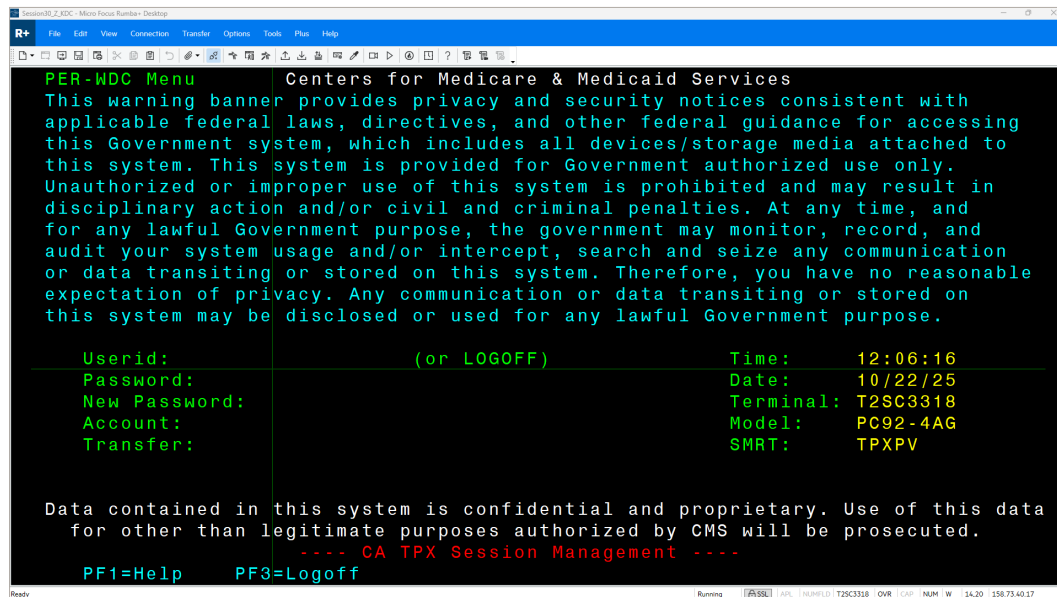

Figure 1 – **CMS Menu**

Once the CMS Menu displays, you will need to take the following steps:

1. Key the user ID assigned to you in the **Userid** field and press **<TAB>**.

2. Type your password in the **PASSWORD** field on the screen. Your password will not appear on your screen. Press **<ENTER>**.

    a. If you are a first-time user, you will be prompted to change your initial password. After you receive the prompt, the cursor will move to the **NEW PASSWORD** field. Enter a new personal password.

    Passwords must be:

    • Exactly 8 characters in length

    • At least 1 uppercase letter

    • At least 1 lowercase letter

    • At least 1 special character

    • At least 1 number

    • Must not be your last 12 passwords

    • Should be memorable but not easily guessable

    To ensure privacy, your password will not appear on your screen as you type.

    b. Press **<ENTER>**. You will be prompted to re-type your new password again to ensure accuracy. Key the password again and press **<ENTER>**.

3. This will take you to the Selection Screen.

Claim Status Inquiry **USER GUIDE**

Figure 2 – Selection Screen

4. Place your cursor in the select field at the left of "DME J-B Prod" and press **ENTER**.

5. The Welcome Screen will appear.
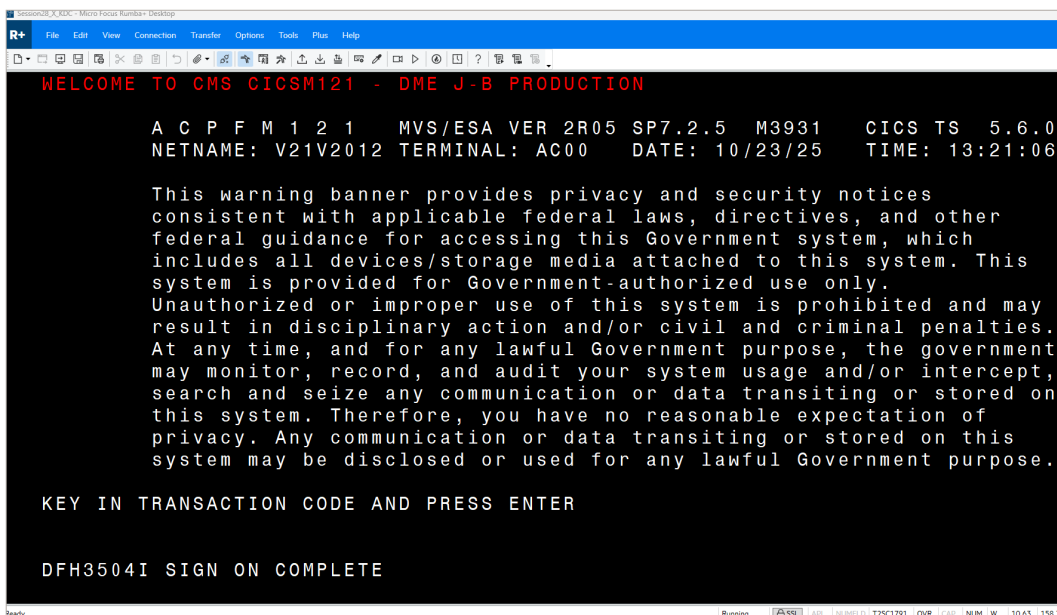
Figure 3 – Welcome Screen

6. Please see the [Claim Status Inquiry](#) or [CMN Status Inquiry](#) sections for instructions on how to access each system.

Claim Status Inquiry USER GUIDE

Navigating Through CSI

<TAB> . . . . Moves to the next field

<SHIFT> and <TAB> . Moves back to the previous field

<PAUSE/BREAK> . . . Clear the screen

<F1> . . . . Go back to the previous eligibility inquiry screen (BE only)

<F3> . . . . Go back to the previous inquiry screen
(CSI only, for BE this will clear the screen.)

<F8> . . . . Page Forward

<F7> . . . . Page Backward

<ESC> . . . . Reset the screen

Claim Status Inquiry **USER GUIDE**

Claim Status Inquiry

CSI is divided into 3 main functions. These functions are:

Claims History Information

Claims History provides information about electronic claims that have been paid or denied, claims not paid due to full payment by other insurance or deductible requirements, and pending claims. Claims History includes viewing the statuses of all claims (paper and/or electronic; assigned and/or non-assigned). The last 18 months of claims history is available with the exception of claims transferred from another jurisdiction, which are only available for 45 days.

Note: CSI does not display payment amounts for non-assigned claims.

Pending Claims Information

This function of CSI gives more detailed information about pending claims. The pending claims screen does not include information on a claim if a check for that claim has already been issued or if the claim has been denied.
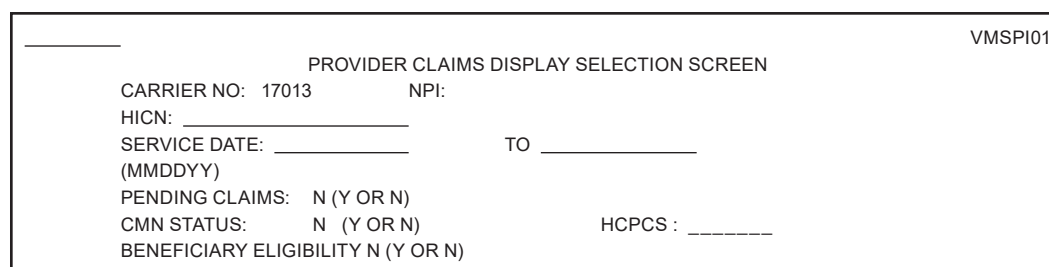
Pending claims fall into 3 categories:

1. Claims waiting for information from the Common Working File (CWF) (such as grandfathered Certificates of Medical Necessity [CMNs] or patient eligibility) before they can be processed. CWF is where master data files are kept. These master files provide CMN data and patient eligibility information.

2. Claims that have been processed but the payment has not been issued.

3. Claims which require additional information or review to complete processing, such as medical or utilization review, development letters, etc.

CMN Status Information

This function allows users to view payable Certificates of Medical Necessity (CMNs) for specific beneficiaries for specific Healthcare Common Procedure Coding System (HCPCS) codes.

Accessing Claims History

1. On the Welcome Screen (Figure 3), key **VPIQ**. You will key over the message "WELCOME TO CMS EDC". Press **<ENTER>**.

2. The Provider Claims Display Selection Screen (Figure 4) will appear.

```
_____                                                      VMSPI01
                     PROVIDER CLAIMS DISPLAY SELECTION SCREEN
        CARRIER NO:  17013          NPI:
        HICN: _____
        SERVICE DATE: _____        TO _____
        (MMDDYY)
        PENDING CLAIMS:   N (Y OR N)
        CMN STATUS:       N  (Y OR N)          HCPCS : _____
        BENEFICIARY ELIGIBILITY N (Y OR N)
```

Figure 4 – **Provider Claims Display Selection Screen**

3. You must key your **NPI** in the NPI field. **This is a required field.**

4. Key in the beneficiary's **HICN** in the HICN field. **This is a required field.**

5. Enter your dates of service in (MMDDYY) format in the **SERVICE DATE** fields. If both the FROM and TO service dates are filled, then all claims with beginning dates of service in that range will display. **This field is optional.**

6. In the **PENDING CLAIMS** field, if you key a Y, it will take you to the Pending Claims Screen. Please see Pending Claims Information for additional instructions.

   a. In the CMN STATUS field, if you key a Y and a HCPCS code you will be able to view any CMNs established for the beneficiary under the entered HCPCS code. Refer to the CMN Status section for further instructions.

7. Once you have entered all of the specified criteria, press **<ENTER>**.

8. The Provider Claims Display Screen will appear to show claims history.

```
_____                                                                    VMSPI02
                      PROVIDER CLAIMS DISPLAY SELECTION SCREEN
              CARRIER NO:  17013      NPI:XXXXXXXXXX     PROVIDER NO: XXXXXXXXXX
 HICN: XXXXXXXXXX  NAME: XXXXXXXXXXXXXXXX XXXXXXXXXX  DOB: 05/02/1944  SEX:
 M
 CCN: 00000000000000    TOTAL SUBM. CHG: 999,999.99      PD PROV: 999,999.99
 CAT: XX XXXXXXXXX                               CHK/EFT DT: MM/DD/CCYY
 STAT DT: MM/DD/CCYY   STAT: XXX <-------------------DESCRIPTION---------------------------->
 FROM          TO     PROC CODE   SVC   SUBMITTED   REND PROV   PAYTO PROV  LN
 MM/DD/YY   MM/DD/YY   (HCPCS)     1     999,999.99  XXXXXXXXXX   999,999.99    1
 LN CTRL NBR: XXXXXXXXXXXXXXXXX

 I003-NO MORE RECORDS TO DISPLAY
```

Figure 5 – Provider Claims Display Screen

9. Use the navigational keys to move between pages. If there are no claims that match your search criteria, or if you have reached the end of the list, you will receive a message that states "I003-NO MORE RECORDS TO DISPLAY."

Explanation of Provider Claims Display Screen	
Field	**Explanation**
CARRIER NO	Jurisdiction B Carrier Number
NPI	National Provider Identifier
PROVIDER NO	The PTAN associated with the NPI
HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's Last and First Name
DOB	Beneficiary's Date of Birth
SEX	Beneficiary's Sex
CCN	Claim Control Number
TOTAL SUBM. CHG	Total Submitted Charges on Claim
PD PROV	Total Paid Amount (If claim is in process, the amount will be zero.)
CAT	The 277 Category Code. Please refer to the 277 Claim Status Codes section of this manual.
CHK/EFT DT	Date of Payment
STAT DT	Date of Claim Status
STAT	277 Claim Status Code and Description. Please refer to the 277 Claim Status Codes section of this manual.
FROM	Beginning Date of Service
TO	Ending Date of Service
PROC CODE	HCPCS Procedure Code and Modifiers
SVC	Number of Services
SUBMITTED	Submitted Amount
REND PROV	Rendering Provider's PTAN
PAYTO PROV	Amount Paid to Rendering Provider
LN	Line Number on Claim
LN CNTRL NBR	Line Item Control Number

Claim Status Inquiry **USER GUIDE**

Accessing Pending Claims Information

1. From the Provider Claims Display Selection Screen (Figure 4), key a Y in the **PENDING CLAIMS** field. You are not required to enter any other information on this screen. Press **<ENTER>**.

2. The Provider Pending Inquiry System Screen will display. (Figure 6)

```
OPTION: __              PROVIDER PENDING INQUIRY SYSTEM    VMSPP10
CARRIER ID:  1                        DME MAC
NPI : _____

HICN: _____   (ENTER FOR OPTIONS A, C, R, OR O)

AVAILABLE FUNCTION
OPTIONS   DESCRIPTION

      A          PROVIDER DETAIL PENDING - ALL
      C          PROVIDER DETAIL - COMPLETED HELD
      R          PROVIDER DETAIL - QUERY SUSPENSE
      O          PROVIDER DETAIL - OTHER SUSPENSE
      S          PROVIDER SUMMARY PENDING INQUIRY
      Q          QUIT
TYPE OPTION, PRESS ENTER                              17013
```

Figure 6 - Provider Pending Inquiry System Screen

3. In the OPTION field, enter the letter that corresponds with the function that you would like to access.

Available Options

A - Provider Detail Pending - All - Use this option to view all of the pending claims that are completed and held on the payment floor, at CWF, or in other suspended statuses. Transfer claims are excluded from the list. This option is specific to each beneficiary's HICN.

```
OPTION: __                PROVIDER DETAIL PENDING INQUIRY
                                  VMSPP50
                           ALL PENDED CLAIMS
NPI: XXXXXXXXXX   PROVIDER: XXXXXXXXXX
BENEFICIARY:
H: XXXXXXXXXX   NM: SMITH               JOHN          DOB: 99/99/9999  SEX: M

TOTALS:  CLAIMS    1            SUB    35.00          PAID    .00

CLAIM NUMBER     SUBMITTED   PAYTO PROV   277 CD   STAT DATE      DESCRIPTION
00000000000000   999,999.99  999,999.99            XX/XX  MM/DD/CCYY   <------------------->
00000000000000   999,999.99  999,999.99   XX/XX   MM/DD/CCYY   <------------------->
00000000000000   999,999.99  999,999.99   XX/XX   MM/DD/CCYY   <------------------->

277 CATEGORY LEGEND: AX - ACKNOWLEDGED  PX - PENDING  FX - FINALIZED

TYPE OPTION, PRESS ENTER KEY:
F-FORWARD       B-BACKWARD      P-ANOTHER PROVIDER            N-ANOTHER NPI
H-ANOTHER HICN  S-SUMMARY       Q-MAIN MENU            QQ-QUIT

 A056-NO FOLLOWING RECORDS TO PAGE FORWARD                        17013
```

Figure 7 - Provider Detail Pending Screen

C - Provider Detail - Completed Held - Use this option to view all of the claims for a specific beneficiary that are held on the payment floor.

Claim Status Inquiry USER GUIDE

```
OPTION: __                   PROVIDER DETAIL PENDING INQUIRY
                                    VMSPP50
                               COMPLETED HELD CLAIMS

NPI: XXXXXXXXXX   PROVIDER: XXXXXXXXXX
BENEFICIARY:
H: XXXXXXXXXX    NM: SMITH      JOHN          DOB: 99/99/9999    SEX: M

 TOTALS:  CLAIMS   1            SUB    35.00              PAID    .00

CLAIM NUMBER   SUBMITTED  PAYTO PROV  277 CD  STAT DATE   DESCRIPTION
00000000000000  999,999.99  999,999.99  XX/XX  MM/DD/CCYY  <------------------->
00000000000000  999,999.99  999,999.99  XX/XX  MM/DD/CCYY  <------------------->
00000000000000  999,999.99  999,999.99  XX/XX  MM/DD/CCYY  <------------------->

277 CATEGORY LEGEND: AX - ACKNOWLEDGED  PX - PENDING  FX - FINALIZED
TYPE OPTION, PRESS ENTER KEY:
F-FORWARD        B-BACKWARD      P-ANOTHER PROVIDER      N-ANOTHER NPI
H-ANOTHER HICN   S-SUMMARY       Q-MAIN MENU             QQ-QUIT

A056-NO FOLLOWING RECORDS TO PAGE FORWARD                       17013
```

Figure 8 - **Completed Held Claims Screen**

R - Provider Detail - Query Suspense - Use this option to view all the claims for a specific beneficiary that are pending at CWF.

```
        OPTION: __                 PROVIDER DETAIL PENDING INQUIRY
                           VMSPP50  QUERY SUSPENSE CLAIMS
NPI: XXXXXXXXXX   PROVIDER: XXXXXXXXXX
BENEFICIARY:
H: XXXXXXXXXX    NM:  SMITH      JOHN           DOB: 99/99/9999   SEX: M
TOTALS:  CLAIMS   1              SUB    35.00          PAID    .00
CLAIM NUMBER    SUBMITTED    PAYTO PROV    277 CD    STAT DATE         DESCRIPTION
00000000000000  999,999.99   999,999.99    XX/XX     MM/DD/CCYY  <------------------->
00000000000000  999,999.99   999,999.99    XX/XX     MM/DD/CCYY  <------------------->
00000000000000  999,999.99   999,999.99    XX/XX     MM/DD/CCYY  <------------------->
277 CATEGORY LEGEND: AX - ACKNOWLEDGED  PX - PENDING  FX - FINALIZED
 TYPE OPTION, PRESS ENTER KEY:
F-FORWARD        B-BACKWARD      P-ANOTHER PROVIDER             N-ANOTHER NPI
H-ANOTHER HICN   S-SUMMARY       Q-MAIN MENU             Q-QUIT
A056-NO FOLLOWING RECORDS TO PAGE FORWARD
17013
```

Figure 9 – **Query Suspense Claims Screen**

O - Provider Detail - Other Suspense - Use this option to view all the suspended claims for a specific beneficiary, excluding those at CWF. Transfer claims are excluded from the list.

```
        OPTION: __                   PROVIDER DETAIL PENDING INQUIRY
                            VMSPP50  OTHER SUSPENSE CLAIMS

NPI: XXXXXXXXXX   PROVIDER: XXXXXXXXXX
BENEFICIARY:
H: XXXXXXXXXX    NM: SMITH      JOHN          DOB: 99/99/9999    SEX: M
TOTALS:  CLAIMS   1             SUB    35.00             PAID    .00

CLAIM NUMBER    SUBMITTED    PAYTO PROV   277 CD   STAT DATE     DESCRIPTION

00000000000000   999,999.99   999,999.99   XX/XX   MM/DD/CCYY   <------------------->
00000000000000   999,999.99   999,999.99   XX/XX   MM/DD/CCYY   <------------------->
00000000000000   999,999.99   999,999.99   XX/XX   MM/DD/CCYY   <------------------->

277 CATEGORY LEGEND: AX - ACKNOWLEDGED  PX - PENDING  FX - FINALIZED

TYPE OPTION, PRESS ENTER KEY:
F-FORWARD        B-BACKWARD      P-ANOTHER PROVIDER        N-ANOTHER NPI
H-ANOTHER HICN   S-SUMMARY       Q-MAIN MENU             QQ-QUIT

A056-NO FOLLOWING RECORDS TO PAGE FORWARD                       17013
```

Figure 10 – **Other Suspense Claims Screen**

S - Provider Summary Pending Inquiry - Use this option to view a summary count of all the claims the supplier has in Query Suspense, Other Suspense, and Completed Held, and the total submitted dollar amounts for these categories. A grand total also displays. Transfer claims are excluded from the summary.

```
    OPTION: __                PROVIDER SUMMARY PENDING INQUIRY          VMSPP40

NPI:      XXXXXXXXX   PROVIDER: XXXXXXXXX
HICN   : _____ (ENTER FOR OPTIONS A, C, R, OR O)

                    CLAIMS    SUBMITTED AMOUNT
QUERY SUSPENSE    0                .00
OTHER SUSPENSE    999       999,999.99
COMPLETED HELD    0                .00
 TOTAL            999       999,999.99

FOR CLAIMS DETAIL INFORMATION, TYPE OPTION, PRESS ENTER

OPTIONS  DESCRIPTION
A          PROVIDER DETAIL PENDING- ALL
C          PROVIDER DETAIL- COMPLETED HELD
R          PROVIDER DETAIL- QUERY SUSPENSE
O          PROVIDER DETAIL- OTHER SUSPENSE
Q          MAIN MENU
QQ         QUIT
```

Figure 11 – Provider Summary Pending Inquiry Screen

4. Key in your **NPI** in the NPI field. Note: If the NPI was keyed on the Provider Claims Display Selection Screen (Figure 4), it will carry over to this screen.

5. For options A, C, R, and O, a HICN must be entered in the **HICN** field.

6. Press **<ENTER>**. Depending on the option selected, one of the following screens will appear.

Explanation of Pending Claims Detail Screens	
Field	**Explanation**
OPTION	The options are listed at the bottom of the page. Key in one of the option codes to transport to another screen.
NPI	National Provider Identifier
PROVIDER NO	The PTAN associated with the NPI
Beneficiary	
H	Beneficiary's Health Insurance Claim Number
NM	Beneficiary's Last and First Name
DOB	Beneficiary's Date of Birth
SEX	Beneficiary's Sex
Totals	
CLAIMS	Total Number of Displayed Claims
SUB	Total Submitted Charges of Displayed Claims
PAID	Total Paid Amount for Displayed Claims
Claim Detail	
CLAIM NUMBER	Claim Control Number
SUBMITTED	Submitted Amount on Claim
PAYTO PROV	Amount Paid to Rendering Provider
277 CD	277 Category Code and 277 Claim Status Code. Please refer to the 277 Claim Status Codes section of this manual.
STAT DATE	The Date of the 277 Claim Status
DESCRIPTION	Description of the 277 Claim Status Code. Please refer to the 277 Claim Status Codes section of this manual.

Claim Status Inquiry **USER GUIDE**

Explanation of Provider Summary Pending Screen	
Field	**Explanation**
OPTION	The options are listed at the bottom of the page. Key in one of the option codes to transport to another screen.
NPI	National Provider Identifier
PROVIDER NO	The PTAN associated with the NPI
HICN	Key the beneficiary's Health Insurance Claim Number if transporting to another screen
QUERY SUSPENSE	The total number of claims in Query Suspense for the NPI, along with the total Submitted Amount
OTHER SUSPENSE	The total number of claims in Other Suspense for the NPI, along with the total Submitted Amount
COMPLETED HELD	The total number of claims that are complete and held on the payment floor, along with the total Submitted Amount
TOTAL	The total number of pending claims and the total Submitted Amount for the NPI.

Accessing CMN Information

1. On the Provider Claims Display Selection Screen (Figure 4), key your NPI number in the NPI field.

2. Key the beneficiary's HICN in the HICN field.

3. Enter a Y in the CMN STATUS field.

4. In the HCPCS field, enter the HCPCS code that you would like to view CMN information for.

    a. You have the option to enter a partial HCPCS code. This will return CMN information for all HCPCS codes that meet your search criteria. You must enter at least one character of the HCPCS code followed by an asterisk (*).

    b. As an example, if you key "K*", the system will display all CMNs for the beneficiary that begin with a K.

5.   Press <ENTER>. The Provider CMN Status Display Screen will display (figure 12).

```
_____              PROVIDER CMN STATUS DISPLAY SCREEN                    VMSPP50

  CARRIER NO:  17013        NPI: XXXXXXXXXX
HICN:  XXXXXXXXXX
SUBMITTED HCPCS: K0011RR   APPROVED HCPCS: K0011RR          INIT DT: 99/99/9999
  STATUS: XXXXXXXXXXXXXXX          STATUS DT: 10/16/2006      LENGTH: 99
  TYPE: X XXXXXX          TOT RENTAL PMTS: 99                RECERT/REVISE DT:   99/99/9999
  SUPPLIER NAME: XXXXXXXXXXXXXX          LAST CLAIM DT: 99/99/9999
  SUPPLIER PHONE: 999-999-9999

SUBMITTED HCPCS: K0011RR   APPROVED HCPCS: K0011RR          INIT DT: 99/99/9999
  STATUS: XXXXXXXXXXXXXXX          STATUS DT: 10/16/2006      LENGTH: 99
  TYPE: X XXXXXX          TOT RENTAL PMTS: 99                RECERT/REVISE DT:   99/99/9999
  SUPPLIER NAME: XXXXXXXXXXXXXX          LAST CLAIM DT: 99/99/9999
  SUPPLIER PHONE: 999-999-9999

SUBMITTED HCPCS: K0011RR   APPROVED HCPCS: K0011RR          INIT DT: 99/99/9999
  STATUS: XXXXXXXXXXXXXXX          STATUS DT: 10/16/2006      LENGTH: 99
  TYPE: X XXXXXX          TOT RENTAL PMTS: 99                RECERT/REVISE DT:   99/99/9999
  SUPPLIER NAME: XXXXXXXXXXXXXX          LAST CLAIM DT: 99/99/9999
  SUPPLIER PHONE: 999-999-9999

ENTER/PF8=NEXT   PF7=BACK   PF3=MENU  CLEAR=QUIT   REGIONID  MM/DD/YY  HH:MM   17013
```

Figure 12 – **CWF Part B Eligibility System**

Claim Status Inquiry **USER GUIDE**

Explanation of Provider CMN Status Display Screen	
Field	**Explanation**
CARRIER NO	Jurisdiction B Carrier Number
NPI	National Provider Identifier
HICN	Beneficiary's Health Insurance Claim Number
SUBMITTED HCPCS	The HCPCS code that was submitted by the supplier (including modifiers)
APPROVED HCPCS	The HCPCS code that was approved for the item supplied
INIT DATE	The initial date of the CMN prescription or medical documentation
STATUS	The current CMN status and a short description. This field will display one of the following: 00 - In Process CR - Closed No Recertification 01 - CWF Accepted CI - Closed Purchase Price Met 10 - 1st Query to CWF DG - System Generated Drug 11 - 2nd Query to CWF DM - System Generated Non-Drug CM - Closed Maintenance Only MN - PEN Pneumonic CMN CP - Closed Purchased SN - Suspended CL - Closed Necessary Length Met
STATUS DATE	The date that the CMN entered its current status
LENGTH	The number of months that the item is medically necessary
TYPE	The type of CMN and a description. Valid fields are: 1 – Initial 2 – Revised 3 – Recertified
TOT RENTAL PMTS	Total number of rental payments made to date.
RECERT/REVISE DT	The date the CMN was recertified or revised.
SUPPLIER NAME	The name of the supplier.
LAST CLAIM DT	The last paid claim's date of service.
SUPPLIER PHONE	The phone number of the supplier.

Claim Status Inquiry USER GUIDE

Additional Information

277 Claim Status Codes

Health Care Claim Status Category Codes		
Code	**Verbiage**	**Description**
A0	Acknowledgement/ Forwarded	The claim/encounter has been forwarded to another entity.
A1	Acknowledgement/Receipt	The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
P1	Pending/In Process	The claim/encounter is in the adjudication system.
P2	Pending/In Review	The claim/encounter is suspended pending review.
P3	Pending/Requested Information	The claim/encounter is waiting for information that has already been requested.
F0	Finalized	The claim/encounter has completed the adjudication cycle and no more action will be taken.
F1	Finalized/Payment	The claim/line has been paid.
F2	Finalized/Denial	The claim/line has been denied.

Health Care Claim Status Codes	
Code	**Description**
0	Cannot provide further status electronically.
1	For more detailed information, see remittance advice.
3	Claim has been adjudicated and is awaiting payment cycle.
16	Claim/encounter has been forwarded to entity.
17	Claim/encounter has been forwarded by third party entity to entity.
18	Entity received claim/encounter, but returned invalid status.
20	Accepted for processing.
45	Awaiting benefit determination.
55	Claim assigned to an approver/analyst.
65	Claim/line has been paid.
98	Charges applied to deductible.
116	Claim submitted to incorrect payer.

For all other 277 claim status code values, the STAT field displays XXX – TEXT NOT AVAILABLE.

For a complete list of claim status category codes and claim status codes, please visit the WPC website at http://www.wpc-edi.com.

Troubleshooting CSI

Common Sign-on Error Messages	
Error Message	**Resolution**
M11: SECURITY INFORMATION INVALID. PLEASE RE-ENTER	The password that was entered is incorrect. Please re-type your password.
M160: NEW PASSWORD DOES NOT MEET SECURITY REQUIREMENTS.	Please refer to the sign-on section for password requirements.
TO USE THIS TRANSACTION YOU MUST SIGN ON OR HAVE THE CORRECT SECURITY LEVEL.	This error message displays for several reasons, such as password violations, or your ID has been suspended for non-use. Please contact the Security Administration Team.

Claim Status Inquiry **USER GUIDE**

Common CSI Error Messages	
Error Message	**Resolution**
OPERATOR NOT AUTHORIZED	You are not set up for CSI. Please refer to the enrollment section of this manual.
4013 - INVALID NPI NUMBER	The NPI number is invalid. Please enter a valid NPI number.
A163- NO MATCH FOUND FOR ENTERED SELECTION	The system is unable to locate any information within the parameters you entered.
A164 - INVALID SELECTION ENTERED	The option that you have selected is invalid or you did not enter an option. Please select a valid option.
F043 - INVALID HIC NUMBER	An incorrect HICN was typed, or the HICN field was left blank
PI08 - PROVIDER NUMBER ENTERED NOT VALID FOR THIS OPERATOR	Your User ID does not have access to the NPI that you entered. Please verify that you enrolled for access to this NPI. If you have requested access to the NPI, contact the Security Administration Team.
XA37- PROCESSING/SELECT LIMIT REACHED	The request cannot be processed because the NPI is liked to over 20 provider numbers.
THE ELGB FUNCTION IS NOT AVAILABLE; USE HETS, IVR OR WEB PORTAL	The beneficiary eligibility function is no longer available. You will have to utilize HETS, the IVR, or the Web Portal for beneficiary eligibility information.

Contact Information

If you have a question about the CSI system, or would like to check the status of enrollment you may call our customer service at 1.866.270.4909 Monday through Friday from 8 am – 5 pm CT. You may also submit your questions through our online helpdesk (http://www.cgsmedicare.com/jb/help/contact/onlinehelp.html).