SUMMER 2026

EDI CONNECTION

Contents

2026 Annual DDE & PPTN Recertification

The 2026 Annual DDE & PPTN Recertification process began on July 1, 2026.

To avoid any service interruptions, each Medicare provider with staff who access Direct Data Entry (DDE) or the Professional Provider Telecommunications Network (PPTN) should:

- Complete the Annual DDE PPTN Recertification Form (https://www.cgsmedicare.com/forms/annual_dde_pptn_recert_formre.pdf)
- Fax the completed form(s) to CGS per the timeline below:

Provider Type	Beginning On	Deadline
Home Health & Hospice	July 1, 2026	July 31, 2025
Part A	August 1, 2026	August 31, 2026
Part B	September 1, 2026	September 30, 2026

NOTE: September 30, 2026, is the final deadline for all providers. CGS is required to deactivate any user who doesn't recertify timely.

EDI Enhancements

CGS is commited to making Electronic Data Interchange (EDI) processes simple, clear, and accessible for the Medicare community. Please read more about recent updates to our EDI webpages, self-service options, and resources:

- EDI: A New Look & a New Self-Service Tool (https://cgsmedicare.com/partb/pubs/news/2026/06/news-205633.html)
- New Feature: EDI Application Status Tool (https://cgsmedicare.com/partb/pubs/news/2026/04/news-201533.html)
- Top EDI Enrollment Errors (https://cgsmedicare.com/partb/edi/top-enrollment-errors.html)

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HETS EDI Enrollment Reminders

Beginning on September 20, 2025, all CGS J15 providers that use 270/271 transactions must complete the HETS EDI Enrollment form to continue accessing the HIPAA Eligibility Transaction System (HETS).

This form allows a third-party entity to exchange information on a provider's behalf. Please work together and remember:

- Your vendor or clearinghouse will provide their unique ID.
- Multiple vendor or clearinghouse IDs per a single enrollment form is acceptable.
- Each provider must have an EDI enrollment agreement on file.
- All NPIs and PTANs must be enrolled with the clearinghouse indicated.

Visit EDI Enrollment (https://cgsmedicare.com/partb/edi/enrollment.html) to access the HETS EDI Enrollment Form & User Guide.

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: NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN. 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.SV203.060	This Claim is rejected for the Acknowledgement/ Rejected for Invalid Information within the Claim is out of balance due to Line Item Charge Amount within the Service Line Paid Amount.	SV203 must = the payer amount paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts for each other payer occurrence.
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	X223.143.2300.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) Payer Paid amount for each other payer occurrence.
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.

	Edit Number	Business Edit Message	Resolution
9	X223.143.2300.CLM05-1.020	This Claim is rejected for Invalid Information within the Type of bill for UB claim.	2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code.
10	X223.284.2300.HI01-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 2300.HI01-1 is "BE" then 2300.HI01-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.

Part 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 NNNNNNNNNA 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	X222.092.2010AA.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.
10	X222.226.2300.HI01-2.125	This claim is rejected for invalid principle diagnosis code.	If 2300.HI01-1 equals ABK, then 2300.HI01-2 must not begin with a "V", "W", "X" or "Y".