Centers for Medicare & Medicaid Services (CMS)

Standard Companion Guide

Health Care Claim Payment / Advice (835)

Based on ASC X12N TR3, Version 005010X221A1

Companion Guide Version Number: 7.1,
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Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996. This Companion Guide is to be used for conducting Medicare business only.

Preface

This Companion Guide (CG) to the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3, are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) companion guide operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

Table of Contents

List of Tables

List of Figures

1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this Companion Guide (CG) to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 22 – Remittance Advice (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf)
- Chapter 24 – General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf)

1.1 Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 835 transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors.

This CG provides technical and connectivity specification for the 835 Health Care Claim: Payment/Advice transaction Version 005010A1.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 835 transaction standard to meet Medicare's processing standards. This information is organized in the sections listed below:

- *Getting Started:* This section includes information related to hours of operation, and data services. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- *Testing and Certification Requirements:* This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- *Connectivity/Communications:* This section includes information on Medicare's transmission procedures as well as communication and security protocols.
- *Contact Information:* This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.
- *Control Segments/Envelopes:* This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- *Specific Business Rules and Limitations:* This section contains Medicare business rules and limitations specific to the ASC X12N 835.
- *Acknowledgments and Reports:* This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- *Trading Partner Agreement:* This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- *Transaction Specific Information:* This section describes the specific CMS requirements over and above the information in the ASC X12N 835 TR3.

1.3 References

The following locations provide information for where to obtain documentation for Medicare-adopted EDI transactions and code sets.

Table 1. EDI Transactions and Code Set References

Resource	Location
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Sets	The official Washington Publishing Company website

1.4 Additional Information

For additional information, please visit the CGS EDI Web page (http://www.cgsmedicare.com/partb/edi/index.html)

The websites in the following table provide additional resources for HIPAA Version 005010A1 implementation:

Table 2. Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/

2 Getting Started

2.1 Working Together

CGS Administrators, LLC (CGS) is dedicated to providing communication channels to ensure communication remains constant and efficient. CGS has several options to assist the community with their electronic data exchange needs. By using any of these methods CGS is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accessible as a method of communicating with CGS EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any protected health information (PHI) to ensure security is maintained. In addition to the CGS EDI help desk and email access, see Section 5 for additional contact information.

CGS also has several external communication components in place to reach out to the Trading Partner community. CGS posts all critical updates, system issues and EDI-specific billing material to their website (https://www.cgsmedicare.com/). All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. CGS also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every three months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for the CGS distribution list (https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp).

Specific information about the above-mentioned items can be found in the following sections.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and CGS support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- *Submitter* – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to CGS is a Medicare FFS Trading Partner.
- *Vendor* – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- *Software Vendor* – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- *Billing Service* – a third party that prepares and/or submits claims for a provider.
- *Clearinghouse* – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- *Network Service Vendor* – a third party that provides connectivity between a Trading Partner and CGS.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI enrollment form (http://www.cgsmedicare.com/partb/edi/enrollment.html) designates the Medicare contractor as the entity they agree to engage in for EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged.

Entities processing paper do not need to complete an EDI registration.

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.0. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that CGS furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires CGS to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to CGS prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. CGS is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact the appropriate MAC provider enrollment department (for Medicare Part A and Part B provider) or the National Supplier

Clearinghouse (for Durable Medical Equipment suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A Trading Partner's EDI number and password serve as an electronic signature and the Trading Partner would be liable for any improper usage or illegal action performed with it. A Trading Partner's EDI access number and password are not part of the capital property of the Trading Partner's operation and may not be given to a new owner of the Trading Partner's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify CGS which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with CGS by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found on the CGS website (https://www.cgsmedicare.com/partb/edi/enrollment.html).

Trading Partners must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Trading Partners must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Trading Partner's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from CGS. For a complete reference to security requirements, see Section 4.4.

2.3 Trading Partner Certification and Testing Process

To sign up complete the J15 Communications and the enrollment from (https://www.cgsmedicare.com/partb/edi/enrollment.html).

What to expect throughout the process from CGS. Once CGS provides the Submitter ID to a trading partner, a test file should be submitted to CGS containing at least 25 claims with a T in the ISA15 field. Once the test file is submitted, verify the file received an accepted 999 and 277CA. Once an error free 277CA populates the EDI helpdesk should be contacted to move the submitter ID into production.

3 Testing and Certification Requirements

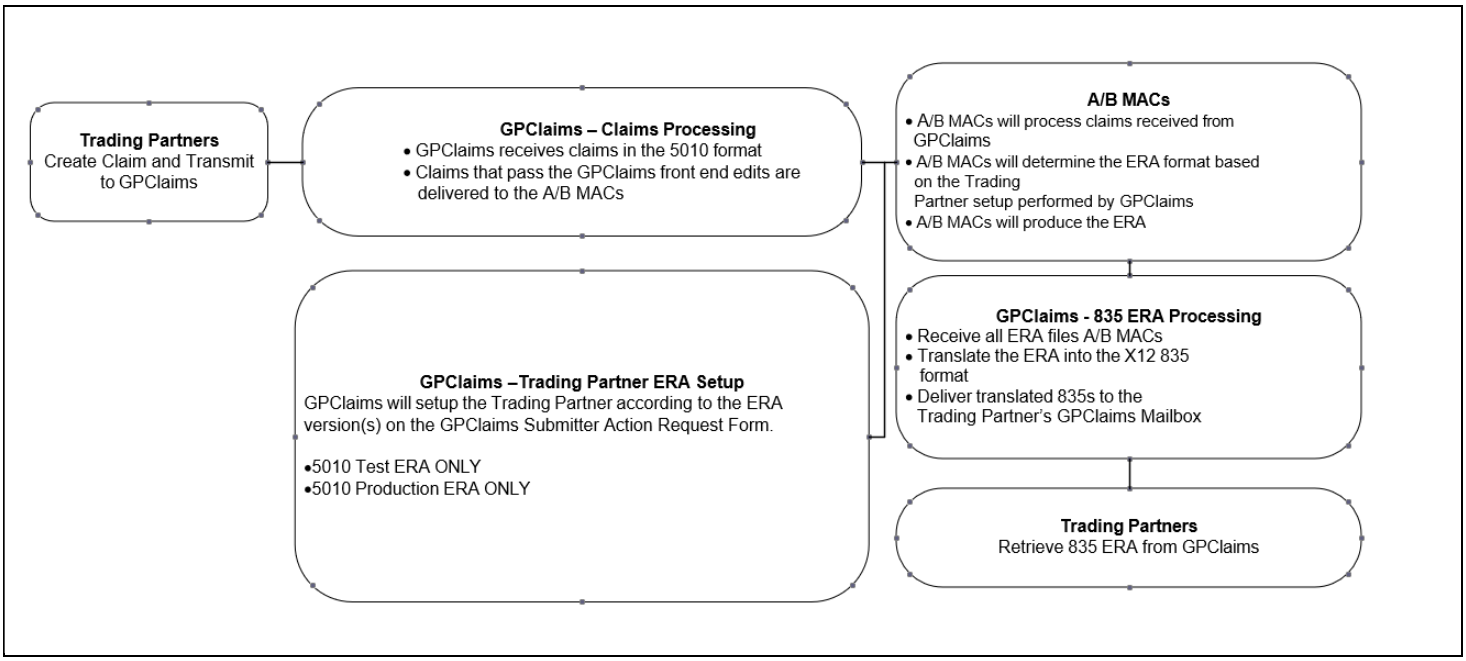
Not applicable.

4 Connectivity / Communications

4.1 Process Flows

The following diagrams illustrates how ANSI ASC X12 835 electronic transactions flow into and out of the GPNET, CGS/Palmetto GBA's EDI Gateway.

Figure 1. CGS Process Flows



4.2 Transmission

Please reference the following:

- GPNet Communications Manual (https://www.cgsmedicare.com/partb/edi/index.html)
- Connectivity specifications (http://www.cgsmedicare.com/pdf/gpnet_comm_manual.pdf)

4.2.1 Re-transmission Procedures

CGS does not require any identification of a previous transmission of a claim. All claims should be marked as original.

4.3 Communication Protocol Specifications

Please see the GPNet Communications Manual posted under the EDI User Guides (https://www.cgsmedicare.com/partb/edi/index.html) webpage.

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. CGS is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS.

Login in ID's are assigned once a request is received with a valid EDI application and an EDI enrollment form is on file. EDI transactions submitted by unauthorized Trading partners will not be accepted. Password guidelines are provided with receipt of initial passwords from CGS.

CMS' information security policy strictly prohibits the sharing or loaning of Medicare assigned IDs and passwords. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. The Trading Partner should protect password privacy by limiting knowledge of the password to key personnel. The password should be changed when there are any personnel changes. The submitter ID and Password are required to transmit files to CGS. Please see our GPnet communications manual posted under the EDI User Guides (https://www.cgsmedicare.com/partb/edi/index.html) webpage.

Password guidelines are provided with receipt of initial passwords. Please contact the EDI helpdesk for assistance with passwords and resets.

5 Contact Information

5.1 EDI Customer Service

For EDI Customer Service information, please visit the contact us area on our website (https://www.cgsmedicare.com)

J15- Part B Correspondence

CGS

PO box 20018

Nashville, TN 37202

EDI Helpdesk Numbers

- CGS Part A – 1-866-590-6703 Option 2
- CGS Part B – 1-866-276-9558 Option 2
- CGS HHH – 1-866-299-4500 Option 2

EDI Fax Numbers

- Ohio Part A – 1-615-664-5945

- Kentucky Part A – 1-615-664-5943
- Ohio Part B – 1-615-664-5927
- Kentucky Part B – 1-615-664-5917
- Home Health & Hospice – 1-615-664-5947

Hours of Operation and Holiday Schedule

Monday – Friday 8:00 a.m. to 5:00 p.m. Eastern Time.

CGS Holiday Schedule

- New Year's Day
- Martin Luther King, Jr.'s Birthday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

5.2 EDI Technical Assistance

See section 5.1 for Technical Assistance Information

5.3 Trading Partner Service Number

See section 5.1 for Trading Partner Assistance Information

5.4 Applicable Websites / Email

CGS Medicare Part B Online Help (https://www.cgsmedicare.com/partb/cs/online_help.html)

CGS Home Health & Hospice Online Help (https://www.cgsmedicare.com/hhh/cs/onlinehelphhh.html)

CGS Medicare Part A Online Help (https://www.cgsmedicare.com/parta/cs/online_help.html)

CGS Medicare Website (http://www.cgsmedicare.com)

6 Control Segments / Envelopes

Enveloping information must be as follows:

Note: A hyphen in the table below means N/A.

Table 3. ISA Interchange Control Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00	Medicare expects the value to be 00.
C.4	ISA02	Authorization Information	-	ISA02 shall contain 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare expects the value to be 00.
C.4	ISA04	Security Information	-	Medicare will send spaces.
C.4	ISA05	Interchange ID Qualifier	27, 28, ZZ	Medicare will send 27.
C.4	ISA06	Interchange Sender ID	-	CGS contract numbers Ohio Part B 15202 Home Health & Hospice 15004 Ohio Part A 15201 Kentucky Part B 15102 Kentucky Part A 15101
C.5	ISA07	Interchange ID Qualifier	29	Medicare will send 29.
C.5	ISA08	Interchange Receiver ID	-	CGS assigned Trading Partner/Submitter ID
C.5	ISA11	Repetition Separator	-	Defined by the submitter
C.6	ISA14	Acknowledgement Requested	0	Medicare will send 0.

Note: A hyphen in the table below means N/A.

Table 4. GS Functional Group Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.7	GS02	Application Sender Code	-	CGS contract numbers Ohio Part B 15202 Home Health & Hospice 15004 Ohio Part A 15201 Kentucky Part B 15102 Kentucky Part A 15101
C.7	GS03	Application Receiver's Code	-	Trading Partner / Receiver ID assigned by CGS.
C.8	GS08	Version Identifier Code	005010X221A1	Medicare will send 05010X221A1

Interchange Control (ISA/IEA), Functional Group (GS/GE), and Transaction Set (ST/SE) envelopes must be used as described in the TR3. Medicare's expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

6.1 ISA-IEA

Delimiters – Inbound Transactions

Not applicable

Delimiters – Outbound Transactions

Trading Partners should contact CGS for a list of delimiters to expect from Medicare. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Table 5. Outbound Transaction Delimiters

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E
Component Element Separator	>	62	3E
Segment Terminator	~	126	7E

Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 4.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

This section describes the specific CMS requirements over and above the standard information in the TR3.

Note: A hyphen in the table below means N/A.

Table 6. ST Transaction Set Header

Page #	Loop ID	Reference	Name	Codes/Content	Notes/Comments
111	2000	LX	LX – Header Number	-	Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYYMM - Facility Code/Year/Month. MCS uses “1” for assigned and “0” for non-assigned.
171	2100	REF	Rendering Provider Identification	-	Segment not used by Medicare.
206	2110	REF	Service Identification – Reference Identification Qualifier	LU, 1S, APC, RB	Medicare does not use “BB”, “E9”, “G1”, or “G3”.
207	2110	REF	Rendering Provider Information – Reference Identification Qualifier	HPI, SY, TJ, 1C	Medicare does not use REF01 Codes “0B”, “1A”, “1B”, “1D”, “1H”, “1J”, “D3” or “G2”.
209	2110	REF	Health Care Policy Identification	0K	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.

Page #	Loop ID	Reference	Name	Codes/Content	Notes/Comments
140	2100	NM1	Insured Name	-	Segment not used by Medicare.

8 Acknowledgments and Reports

The 999 is not used for 835 transactions

9 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with CGS. The CGS Trading Partner Action Request Form can be found on the CGS Website (https://www.cgsmedicare.com/partb/edi/index.html).

The CGS Trading Partner Agreement process is part of the overall CGS registration process. Refer to Section 2.2 for details on the agreements required by CGS.

10 Transaction-Specific Information

This section defines specific CMS requirements over and above the standard information in the ASC X12N 835 TR3.

10.1 Header

The following table contains specific details for the Header.

Note: A hyphen in the table below means N/A.

Table 7. ST Transaction Set Header

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
68	N/A	ST02	Transaction Set Control Number	-	9	From one-by-one counter (begins with “0001”).

Table 8. BPR Financial Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
71	N/A	BPR03	Credit or Debit Flag Code	C	1	Code “D” does not apply to Medicare.
72	N/A	BPR04	Payment Method Code	ACH, CHK, NON	3	Codes “BOP” and “FWT” do not apply to Medicare.
73	N/A	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.
75	N/A	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.

10.1.1 Loop 1000A Payer Identification

The following table describes the specific details associated with the Payer Identification structure.

Note: A hyphen in the table below means N/A.

Table 9. Loop 1000A REF Additional Payer Identifier

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
92	1000A	REF01	Reference Identification Qualifier	2U	2	Medicare will send 2U
93	1000A	REF02	Reference Identification	-	50	CGS reference ID

10.2 Detail Structures

This section describes the specific details associated with Detail Structures.

10.2.1 Loop 2000 Header Number

The following table describes the specific details associated with the Header Number structure.

Table 10. Loop 2000 LX Header Number

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
111	2000	LX01	Assigned Number	0, 1	6	Medicare will send “1” for Assigned or “0” for Non-Assigned.

10.2.2 Loop 2100 Claim Payment Information

The following tables describe the specific details associated with the Claim Payment Information structure.

Note: A new table exists for each segment.

Table 11. Loop 2100 CLP Claim Payment Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 19, 20, 21, 22, 23	2	“25” (Predetermination Pricing Only - No Payment) does not apply to Medicare.
126	2100	CLP06	Claim Filing Indicator Code	MA, MB	2	Medicare will send “MB” for Part B and DME. Medicare will send “MA” for Part A.

Table 12. Loop 2100 CAS Claim Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.

Table 13. Loop 2100 NM1 Patient Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
139	2100	NM108	Patient Name	MI	2	Medicare will send “MI”.

Note: A hyphen in the table below means N/A.

Table 14. Loop 2100 NM1 Insured Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
140	2100	NM1	Insured Name	-	N/A	Segment not used by Medicare

Table 15. Loop 2100 NM1 Crossover Carrier Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
151	2100	NM108	Identification Code Qualifier	PI, XV	2	COB transmissions with more than one secondary payer shall indicate remark code “N89” in a claim level remark code data element. “AD”, “FI”, “NI”, and “PP” do not apply to Medicare.

Table 16. Loop 2100 REF Other Claim Related Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
169	2100	REF01	Reference Identification Qualifier	28, 6P, EA, F8	2	Medicare does not use “1L”, “1W”, “9A”, “9C”, “BB”, “CE”, “G1”, “G3”, or “IG”.

Note: A hyphen in the table below means N/A.

Table 17. Loop 2100 REF Rendering Provider Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
171	2100	REF	Rendering Provider Information	-	N/A	Segment not used by Medicare

Table 18. Loop 2100 AMT Amount Qualifier Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
182	2100	AMT01	Amount Qualifier Code	AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	3	Medicare does not use “D8”, “T” or “T2”.

Table 19. Loop 2100 QTY Claim Supplement Information Quantity

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	2	Medicare does not use “LE”, “NE”, “NR”, “PS”, or “VS”.

10.2.3 Loop 2110 Service Payment Information

The following tables describe the specific details associated with the Service Payment Information structure.

Note: A new table exists for each segment.

Table 20. Loop 2110 SVC Service Payment Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
187	2110	SVC01-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.
191	2110	SVC06-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.

Table 21. Loop 2110 CAS Service Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.

Table 22. Loop 2110 REF Service Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
206	2110	REF01	Services Identification – Reference Identification Qualifier	LU, 1S, APC, RB	2	Medicare does not use “BB”, “E9”, “G1” or “G3”.

Table 23. Loop 2110 REF Rendering Provider Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
207	2110	REF01	Rendering Provider Information – Reference Identification Qualifier	HPI, SY, TJ, 1C	2	Medicare does not use “0B”, “1A”, “1B”, “1D”, “1H”, “1J”, “D3” or “G2”.

Table 24. Loop 2110 REF Healthcare Policy Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
209	2110	REF01	Health Care Policy Identification	0K	2	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.

Table 25.Loop 2110 AMT Amount Qualifier Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use “T” or “T2”.

Table 26. Loop 2110 LQ Health Care Remark Codes

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
215	2110	LQ01	Code List Qualifier Code	HE	3	Only “HE” applies to Medicare.

10.3 Summary

The following table describes the specific details associated with the Summary structure.

Table 27. PLB Provider Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
217	N/A	PLB03-1	Adjustment Reason Code	50, 51, 72, 90, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, TL, WO, WU	2	Medicare does not use “AH”, “AM”, “CR”, “CT”, “CW”, or “FC”.

11 Appendices

11.1 Implementation Checklist

In order to go live with CGS EDI, the following requirements must be met

- EDI Enrollment Form must be submitted or on file
- EDI Application
- Approved Vendor Software or approved Clearinghouse or Billing Service
- Approved Network Service Vendor
- Upon approval of the request to exchange files with CGS, a letter will be sent to the requestor

11.2 Transmission Examples

An example of the 835 control segments and envelopes is below.

Figure 2. 835 Control Segments and Envelopes

```
ISA*00* *00* *ZZ*SSSSSSSSSS *ZZ*15202 *190131*1131*^*00501*000000017*0*P*>~
GS*HP*SSSSSSSSSS*15202*20190131*1131*17001*X*005010X221~
ST*835*000017001*005010X221~ SE*25*000017001~
GE*1*17001~ IEA*1*000000017~
```

11.3 Frequently Asked Questions

Frequently asked questions can be accessed Medicare FFS EDI Operations (https://www.cms.gov/ElectronicBillingEDITrans/) and on the CGS Website (https://www.cgsmedicare.com/) and selecting your line of business.

11.4 Acronym Listing

Table 28. Acronym List

Acronym	Definition
276	276 Claim Status Request transaction
277	277 Claim Status Response transaction

Acronym	Definition
277CA	277 Claim Acknowledgement
835	835 Electronic Remittance Advice transaction
837P	837 Professional Claims transaction
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMN	Certificate of Medical Necessity
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISMA	Federal Information Security Management Act
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HTTP	Hyper Text Transfer Protocol
HTTPS	Hyper Text Transfer Protocol Secure
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
MIME	Multipurpose Internet Mail Extensions
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information

Acronym	Definition
sFTP	Secure File Transfer Protocol
SOAP	Simple Object Access Protocol
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
WSDL	Web Services Description Language
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See the official ASC X12 website.)
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table contains version information of this CG.

Table 29. Companion Guide Version History

Version	Date	Section(s) Changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
4.0	June 2016	All	Updated CMS URLs
5.0	March 2017	2.2,4.1.3,4.3&4.4	Updated hyperlinks and connectivity information
5.1	August 2017	All	Updated CGS and CMS URL
6.0	March 2019	All	4th Publication Version
6.1	June 2020	1.3, 11.41	Updated WPC and X12 web addresses
7.0	July 2022	All	508 Compliance updates
7.1	February 2023	2.2	Removed incorrect reference to CEDI