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# **Medicare Fee-For-Service**

**Standard Companion Guide  
Trading Partner Information**

**Instructions related to Transactions  
based on ASC X12 Implementation  
Guides, version 005010**

**Companion Guide Version Number: 3.1,  
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## **Preface**

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Trading Partner Information) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (IG) (Transaction Instructions). Either the Trading Partner Information component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Trading Partner Information component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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## Trading Partner Information

### 1. Introduction

#### 1.1 Purpose

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 EDI data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An Electronic Data Interchange (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 FFS is publishing this Companion Guide to clarify, supplement and further define specific data content requirements to be used in conjunction with, and not in place of, the ASCX12N TR3s for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This Companion Guide 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 Pub. 100-04 Medicare Claims Processing Manual, Chapter 24 on General EDI and EDI Support, Requirements, Electronic Claims and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at <http://www.cms.gov/manuals/downloads/clm104c24.pdf>.

#### 1.2 Scope

EDI addresses how providers/suppliers, or their business associates, exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This guide also applies to electronic transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors. Below is a listing of transactions required by Medicare FFS:

Transactions	Version
270/ 271 Health Care Eligibility Benefit Inquiry and Response	005010X279A1
837 Health Care Claim: Professional	005010X222A1
837 Health Care Claim: Institutional	005010X223A2
999 Implementation Acknowledgment For Health Care Insurance	005010X231A1
835 Health Care Claim: Payment/Advice	005010X221A1
276/277 Status Inquiry and Response	005010X212
277CA Claim Acknowledgement	005010X214
National Council for Prescription Drug Programs (NCPDP) Version D.0 of the Telecom Standard	D.0 April 2009

This companion Guide provides technical and connectivity specification for the following above listed transactions:

- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Professional
- 835 Health Care Claim: Payment Advice
- 276/277 Status Inquiry and Response

Technical specifications for the 999 Implementation Acknowledgement for Health Care Insurance and 277CA Claim Acknowledgement are subsumed under the technical specifications for the 837 Institutional and Professional Claim transaction.

The 270/271 Health Care Eligibility Benefit Inquiry and Response has its own companion guide that can be found at:  
<http://www.cms.gov/HETSHelp/>.

NCPDP Version D.0 also has its own companion guide that can be found at: <http://www.ngscedi.com/>.

### 1.3 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with Medicare. In addition, this Companion Guide has been written to assist you in designing and implementing transaction standards 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, data services, and audit procedures. 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, provider services and applicable Websites.
- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to Medicare.
- Acknowledgments and Reports: This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- Additional Trading Partner Information: This section contains information related to implementation checklist, transmission examples, Trading Partner Agreements and other resources.
- Trading Partner Information Change Summary: This section describes the differences between the current Companion Guide and the previous Companion Guide(s).

#### 1.4 References

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

<b>Resource</b>	<b>Web Address</b>
ASC X12 TR3 Implementation Guides	<a href="http://store.x12.org/">http://store.x12.org/</a>
Washington Publishing Company Health Care Code Sets	<a href="http://www.wpc-edi.com/content/view/711/401/">http://www.wpc-edi.com/content/view/711/401/</a>

## 1.5 Additional Information

The Web sites listed below provide additional resources during the transition year for HIPAA version 5010 implementation.

Resource	Web Address
Central Version 005010 and D.0 Webpage on CMS Web site	<a href="http://www.cms.gov/Versions5010andD0/">http://www.cms.gov/Versions5010andD0/</a>
Educational Resources (including MLN articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, and transcripts from national provider calls)	<a href="http://www.cms.gov/Versions5010andD0/40_EducationalResources.asp#TopOfPage">http://www.cms.gov/Versions5010andD0/40_EducationalResources.asp#TopOfPage</a>
Dedicated HIPAA 005010/D.0 Project Web page (including technical documents and communications at national conferences)	<a href="http://www.cms.gov/MFFS5010D0/">http://www.cms.gov/MFFS5010D0/</a>
Frequently Asked Questions	<a href="http://questions.cms.hhs.gov/app/answers/list/kw/5010">http://questions.cms.hhs.gov/app/answers/list/kw/5010</a>
Responses to Technical Comments	<a href="http://www.cms.gov/TransactionCodeSetsStands/">http://www.cms.gov/TransactionCodeSetsStands/</a>
To request changes to HIPAA adopted standards	<a href="http://www.hipaa-dsmo.org/">http://www.hipaa-dsmo.org/</a>
CEDI Web site	<a href="http://www.ngscedi.com/">http://www.ngscedi.com/</a>

The following Web site provides operational information for EDI and electronic transaction standards:

- Medicare FFS EDI Operations  
<http://www.cms.gov/ElectronicBillingEDITrans/>

## 2. Getting Started

### 2.1 Working Together

National Government Services, Inc. Common Electronic Data Interchange (NGS CEDI) is dedicated to providing several communication channels to ensure communication remains constant and efficient. National Government Services CEDI has several options in an effort to assist the community with their electronic data exchange needs. By using any of these methods National Government Services CEDI 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. An EDI

email is also accessible as a method of communicating with National Government Services CEDI. The e-mail 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 National Government Services CEDI help desk and email access, feel free to communicate via alternative methods (see section 5 below for contact information).

National Government Services CEDI also has several external communication components in place to reach out to the trading partner community. National Government Services CEDI posts all critical updates, system issues and EDI specific billing material to their Web site, <http://www.ngscedi.com>. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. National Government Services CEDI also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the Web site. In addition to the Web site, a distribution list has been established in order to broadcast urgent messages. Please register for National Government Services CEDI distribution list by signing up for the National Government Services CEDI listserv on the CEDI Web site at <http://www.ngscedi.com/listserv/subscribe.htm>.

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

## **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 National Government Services CEDI support many different types of trading partners or customers for electronic data interchange (EDI). To ensure proper registration it is important to understand the terminology associated with each customer type.

A **Submitter** is the entity that owns the submitter ID associated with the healthcare 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 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 National Government Services CEDI is a Medicare FFS trading partner.

**Provider/Supplier** – the entity that renders services to beneficiaries and submits health care claims to Medicare.

A **Vendor** is 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 billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions with Medicare FFS.

**Billing Service** – a third party that prepares and/or submits claims for a provider/supplier.

**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/supplier.

**Network Service Vendor** – a third party that provides connectivity between a provider, supplier, clearing house or billing service and National Government Services CEDI.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI enrollment form designates the Medicare contractor and/or CEDI 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. The forms can be accessed at:  
<http://www.ngscedi.com/forms/formsindex.htm>.

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

A CEDI Trading Partner is any entity (supplier, billing service, clearinghouse, or software vendor) that transmits electronic data to or receives electronic data from CEDI.

To enroll with CEDI to send exchange transactions with CEDI, complete the on-line enrollment forms located on the CEDI Web site, <http://www.ngscedi.com/>.

- CMS EDI Enrollment Agreement Form: Used to enroll in electronic claim transmission.
- Supplier Submitter Action Request Form: Used to apply for a trading partner/submitter ID to log in and send claim files. This form

is also used to indicate the type of transactions requested for the trading partner/submitter ID.

- Supplier Authorization Form: Used to authorize a third party biller or clearinghouse to send the electronic claims for the supplier.

CEDI enrollment documents are completed and submitted on-line. After completing any of the on-line forms, select the “Submit” button, which will generate a page to print, sign, date and fax to the number located on the printed form. All forms for the same request must be faxed under one coversheet.

Submitted enrollment forms will be issued Request ID (RID) numbers which will appear on the printed copy of the form. The RID number can be used to track the submitted form.

When CEDI forms are submitted, an acknowledgment e-mail will be generated and sent back to the e-mail address entered on the form. Once the request has been approved and processed, a setup confirmation will be sent via e-mail. For security purposes, confirmation of enrollment requests for a new trading partner/submitter ID requiring a password will be sent in two e-mails. The trading partner/submitter ID and connectivity information will be included in the first e-mail and the password will be sent in the second e-mail.

Instructions on how to complete enrollment forms are included on the CEDI Web site.

Under HIPAA, EDI applies to all covered entities transmitting the following administrative transactions: 837I and 837P, 835, 270/271, 276/277 and NCPDP. Beginning on January 1, 2011, Medicare contractors and CEDI will also use the TA1, 999 and 277CA error handling transactions.

Medicare requires that National Government Services CEDI furnish new providers/suppliers that request Medicare claim privileges information on EDI. Additionally, Medicare requires National Government Services CEDI to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3.0 below), and enroll and assign submitter EDI identification numbers to those approved to use EDI. The EDI enrollment process for the Medicare beneficiary inquiry system (HETS 270/271) is currently a separate process. Information on the EDI enrollment process for HETS can be found on the CMS HETSHelp Web site (<http://www.cms.gov/HETSHelp/>).

A provider must obtain an NPI and furnish that NPI to National Government Services CEDI prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. National Government Services CEDI is required to verify that NPI is on the NPI Crosswalk. If the NPI is not verified on the NPI Crosswalk, the EDI Enrollment Agreement is denied and the provider is encouraged to contact [MAC name] provider enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for DME suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as a provider's electronic signature and the provider would be liable if any entity with which the provider improperly shared the ID and password performed an illegal action while using that ID and password. A provider's EDI access number and password are not part of the capital property of the provider's operation, and may not be given to a new owner of the provider'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, they are 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 use of Medicare beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers. Providers will notify National Government Services CEDI which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with National Government Services CEDI by completing the third party agreement form. This will insure that their connectivity is completed properly; however, a separate enrollment may be required for enrollment in mailing lists to receive all publications and email notifications.

This agreement can be downloaded from  
<http://www.ngscedi.com/forms/formsindex.htm>.

Providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse/network service vendor. Providers 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 provider'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 National Government Services CEDI. For a complete reference to security requirements see section 4.4 below and refer to the Appendix A CMSR High Impact Level Data document located on the CMS Web site ([http://www.cms.gov/informationsecurity/downloads/ARS\\_App\\_A\\_CMSR\\_HIGH.pdf](http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf).)

### **2.3 Trading Partner Testing and Certification Process**

Software vendors and in-house programmers not previously approved to submit X12 version 5010 claims must schedule testing with CEDI prior to transmission of their first claim file. There is no charge for this system testing.

Suppliers and third parties who elect to use a software vendor that has been approved for X12 by CEDI are not required to test.

To begin testing 5010 transactions with CEDI:

1. Test files for 5010 should be submitted under the Test Vendor Login ID (begins with a V08). If you are not sure you have a Vendor Test ID, send an email to [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com) requesting the ID be sent to you. If it is discovered that you do not have a Vendor Test Login ID number, you will be asked to complete the Trading Partner Test ID Request form in order to obtain one.
2. You will be assigned a contact at CEDI who will work with you as you test the 5010 claim transaction.
3. You will be asked to inform your testing contact when a test file is being submitted.
4. Test files cases should contain no more than 25 claims and contain real data.
5. All test claims will receive the TA1, TRN, 999, and 277CA indicating whether they have passed or rejected.
6. If test claims pass, the vendor will receive an email asking how they want their vendor information to appear on the Passed Entity list on the <http://www.ngscedi.com/> Web site.
7. If test claims do not pass, the vendor will be asked to fix the errors and send another test file in until they have successfully passed testing.

### 3. Testing and Certification Requirements

#### 3.1 Testing Requirements

All claim submitters must produce accurate electronic test claims before being allowed to submit claim transactions in production. All submitters must send a test file containing at least 25 claims, which are representative of their practice or services. The number of claims could be increased or decreased, on a case by case basis, to ensure adequate testing of any given submitter. Test claims are subject to standard syntax and IG semantic data edits; documentation will be provided when this process detects errors.

- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits. Test files must pass 100 percent of the standard syntax edits before production is approved.
- IG Semantic Data testing validates data required for claims processing, e.g., procedure/diagnosis codes, modifiers. A submitter must demonstrate, at a minimum, a 95 percent accuracy rate in data testing before production is approved where, in the judgment of [MAC name], the vendor/submitter will make the necessary correction(s) prior to submitting a production file. For FIs, the minimum 95 percent accuracy rate includes the front-end edits applied using the FISS implementation guide editing module.
- Test results will be provided to the submitter within three (3) business days; during HIPAA version transitions this time period may be extended, not to exceed ten (10) business days.

Many claim submitters use the same software, or the same clearinghouse to submit their electronic claims to Medicare. Trading Partners do not need to test if they are using an approved software vendor. Trading Partners may go to <http://www.ngscedi.com>, click on the Resource Materials link, then click on the Approved Entities List to see if their vendor has passed testing or to locate an approved vendor.

Providers/suppliers who submit transactions directly to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, and billing services and clearinghouses that submit transactions to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, must contact each FI, Carrier, RHHI, A/B MAC, and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional provider. The individual FI, Carrier, RHHI, A/B MAC, and/or CEDI may need to retest at that time to re-establish

compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the provider that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See section 2.2 above for further information on EDI Enrollment.

### **3.2 Certification Requirements**

Medicare FFS does not certify providers/suppliers; however, National Government Services CEDI does certify vendors, clearinghouses, and billing services in the form of testing with them and maintaining an approved vendor list that can be accessed at:

[http://www.ngscedi.com/outreach\\_materials/outreachindex.htm](http://www.ngscedi.com/outreach_materials/outreachindex.htm)

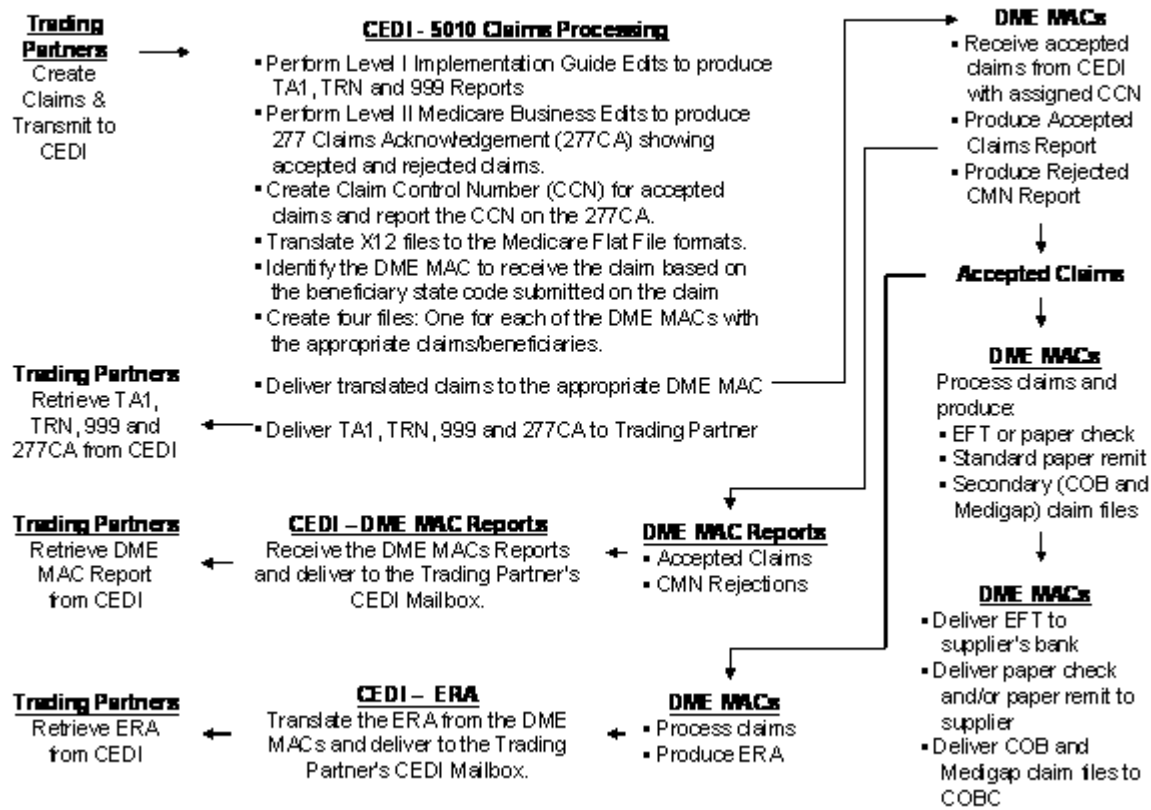
## **4. Connectivity / Communications**

### **4.1 Process flows**

The following diagrams show how 5010 electronic transaction flow into and out of National Government Services CEDI.

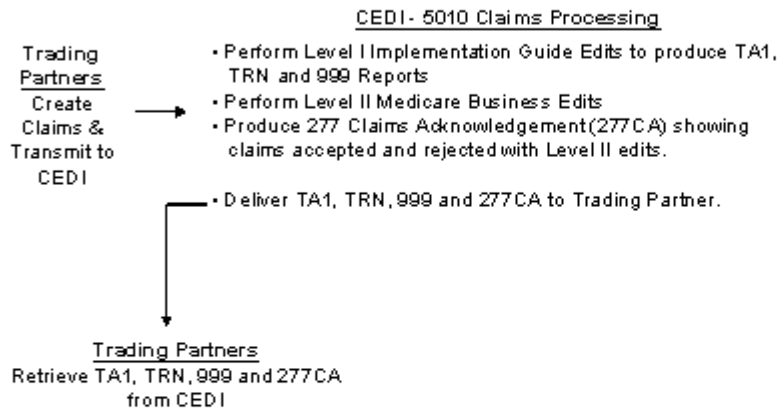
### 4.1.1 5010 Production 837 Claims

## CEDI 5010 Production 837 Claims Transaction Flow



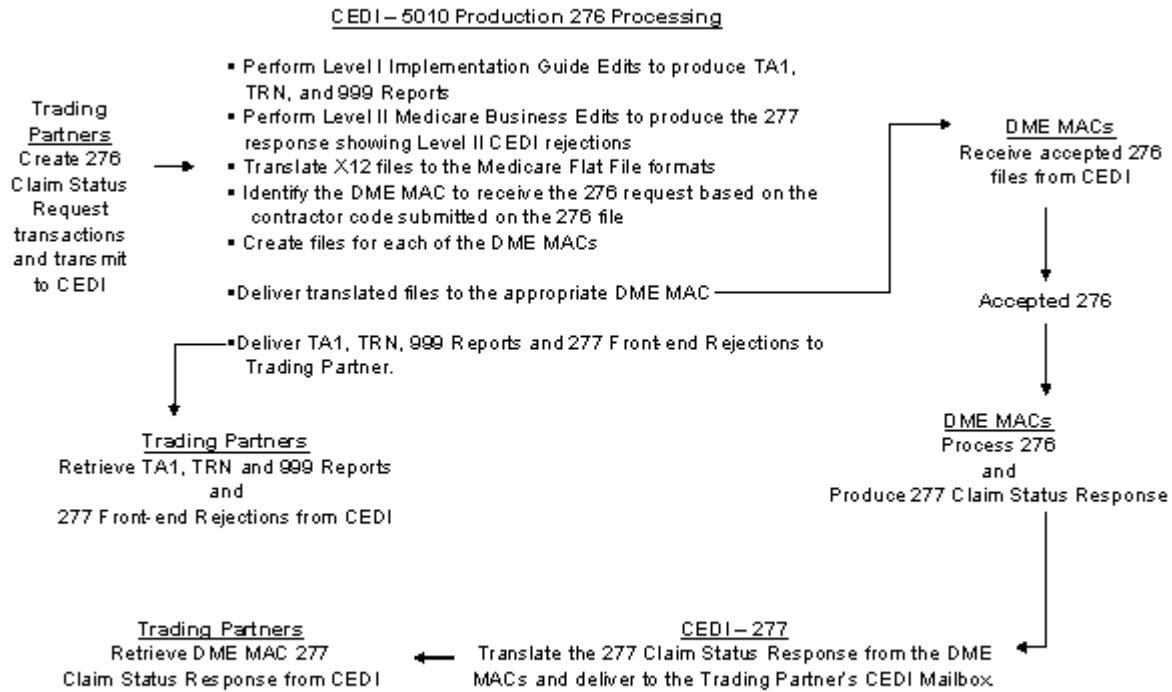
## 4.1.2 5010 Test 837 Claims

### **CEDI 5010 Test 837 Claims Transaction Flow**



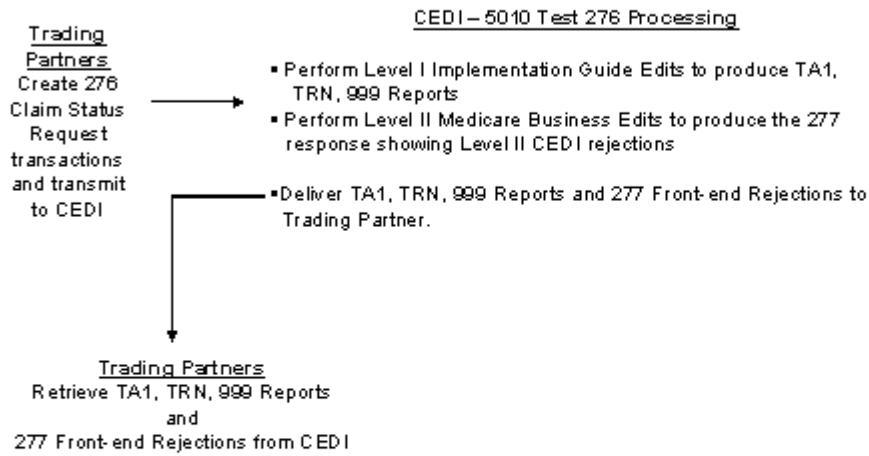
### 4.1.3 5010 Production 276/277

## **CEDI 5010 Production 276/277 Transactions Flow**



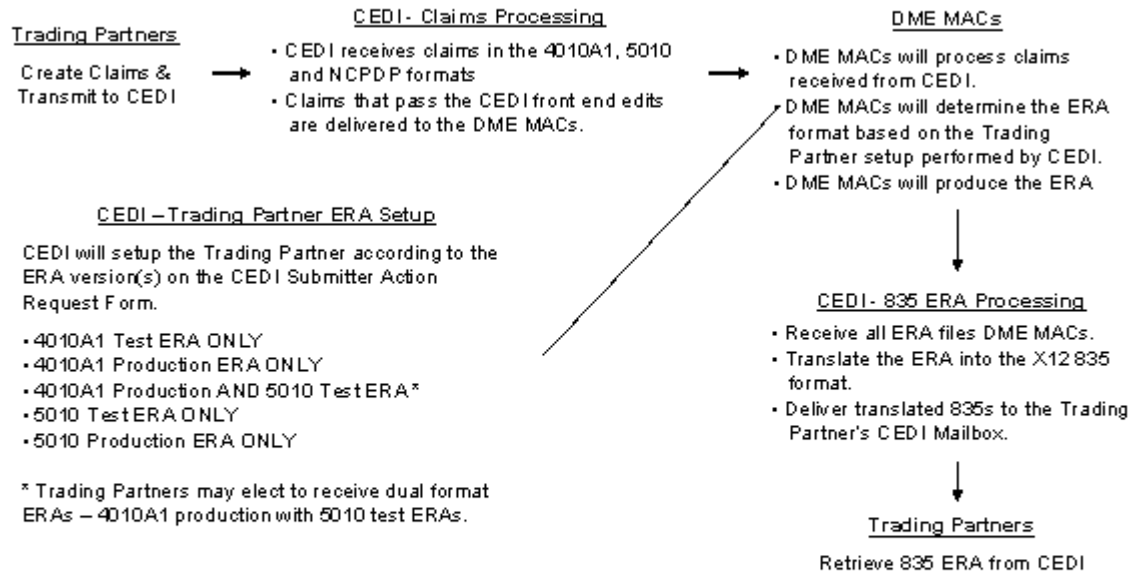
#### 4.1.4 5010 Test 276/277

### **CEDI 5010 Test 276/277 Transactions Flow**



## 4.1.5 835 ERA

### **CEDI 835 ERA Transaction Flow**



## **4.2 Transmission Administrative Procedures**

All CEDI Trading Partners must use a Network Service Vendor (NSV) to connect to the CEDI Gateway to exchange electronic transactions. The NSV provides a secure, continuous connection for CEDI Trading Partners. The NSVs who provide connectivity to CEDI are listed on the CEDI Web site.

To receive additional information on the services provided from these network service vendors and pricing structures, please use the contact information provided on the CEDI Web site.

### **4.2.1 Re-transmission procedures**

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

## **4.3 Communication Protocols**

All CEDI Trading Partners must use a Network Service Vendor (NSV) to connect to the CEDI Gateway to exchange electronic transactions. The NSV provides a secure, continuous connection for CEDI Trading Partners. The NSVs who provide connectivity to CEDI are listed on the CEDI Web site.

To receive additional information on the services provided from these network service vendors and pricing structures, please use the contact information provided on the CEDI Web site.

NOTE: Internet is not currently a Medicare FFS approved communication protocol, except under the internet portal demonstrations, for select transactions and with prior CMS approval.

## **4.4 Security Protocols**

Trading Partners who conduct business with Medicare are subject to CMS security policies.

CMS' information security policy strictly prohibits any trading partner from outsourcing system functions to any resource located outside of the United States or its territories. Prohibited outsourced functions include but are not limited to the transmission of electronic claims, receipt of 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, including but not limited to EDI front-end access or EDC RACF user access. National Government Services CEDI is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document

(**Section SA-9**) located on the CMS Web site  
([http://www.cms.gov/informationsecurity/downloads/ARS\\_App\\_A\\_CMS\\_R\\_HIGH.pdf](http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMS_R_HIGH.pdf).)

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. Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access or EDC RACF user access. National Government Services CEDI is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section IA-2**) located on the CMS Web site  
([http://www.cms.gov/informationsecurity/downloads/ARS\\_App\\_A\\_CMS\\_R\\_HIGH.pdf](http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMS_R_HIGH.pdf).)

### **Guidelines for Creating a “Good” Password**

Most security breaches are a direct result of users selecting “bad” passwords. The selection of a “good” password is critical to ensuring the security and integrity of your health care information. A good password is one that is difficult for others to guess and yet is easily remembered by the user.

#### **DO**

The following basic guidelines should help when creating a password:

- Must be eight characters in length
- Must include both alphabetic and numeric characters in the password
- Must contain a special character; for example: ! \$ %
- Passwords are case sensitive
- Passwords will expire every sixty days

#### **DON'T**

- Do not use your user ID or any permutation of it as the password
- Do not use your company name, department name, or any permutation of it as a password
- Do not use your name or initials in any form
- Do not use family members or pets as part of the password
- Do not use swear words or obscene words; they're among the first words tried when guessing passwords
- Do not write down your password
- Do not use any form of date such as month, day, year, etc.

## 5. Contact information

### 5.1 EDI Customer Service

For CEDI customer service, contact the CEDI Help Desk at:

Phone: 866-311-9184

E-mail: [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com)

The CEDI Help Desk is open Monday through Friday from 9:00 a.m. ET through 7:00 p.m. ET.

The CEDI Help Desk is closed Thursdays from 3:00 p.m. ET through 4:00 p.m. ET for training.

Information is also available on the CEDI Web site at:

<http://www.ngscedi.com/>.

### 5.2 EDI Technical Assistance

For CEDI technical assistance, contact the CEDI Help Desk at:

Phone: 866-311-9184

E-mail: [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com)

The CEDI Help Desk is open Monday through Friday from 9:00 a.m. ET through 7:00 p.m. ET.

The CEDI Help Desk is closed Thursdays from 3:00 p.m. ET through 4:00 p.m. ET for training.

Information is also available on the CEDI Web site at:

<http://www.ngscedi.com/>.

### 5.3 Provider Services

DME MAC Jurisdiction Contact Information

#### **Jurisdiction A – NHIC, Corp.**

NHIC supports the following states: CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT

Customer Service: 866-590-6731

Automated Interactive Voice Response (IVR) System: 866-419-9458

Electronic Funds Transfer (EFT) Status Inquiries: 866-563-0049

Web site: <http://www.medicarenhic.com/>

#### **Jurisdiction B – National Government Services, Inc.**

National Government Services supports the following states: IL, IN, KY, OH, MI, MN, and WI

Provider Contact Center: 866-590-6727

Automated IVR System: 877-299-7900

Web site: <http://www.ngsmedicare.com/>

**Jurisdiction C – CGS Administrators LLC**

CGS Administrators LLC supports the following states: AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, PR, SC, TN, TX, VA, VI, and WV  
 Customer Service: 866-270-4909  
 Automated IVR System: 866-238-9650  
 Web site: <http://www.cgsmedicare.com/>

**Jurisdiction D – Noridian Administrative Services**

Noridian supports the following states: AK, AS, AZ, CA, GU, HI, ID, IA, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY  
 Supplier Contact Center: 877-320-0390  
 Automated IVR System: 877-320-0390  
 Web site: <https://www.noridianmedicare.com/>

**5.4 Applicable Web sites / E-mail**

See sections 5.1, 5.2, and 5.3 above for applicable web site/e-mail information.

**6. Control Segments / Envelopes**

Enveloping information must be as follows:

Element	Name	Codes/Content	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Qualifier	00	Medicare expects the value to be 00. ISA02 shall contain 10 blank spaces.
ISA02	Authorization Information		
ISA03	Security Information Qualifier	00	Medicare expects the value to be 00 and ISA03 shall contain 2 blank spaces.
ISA04	Security Information		Medicare does not use Security Information and will ignore content sent in ISA04.
ISA05	Interchange ID Qualifier	27 ZZ	ISA05 = 27 or ZZ for 837P  ISA05 = ZZ for 276
ISA06	Interchange Sender ID		MAC assigned Submitter ID. This is also required

Element	Name	Codes/Content	Notes/Comments
			in the GS02 and 1000A NM109 for the 837.
ISA07	Interchange ID	27 ZZ	ISA07 = 27 or ZZ for 837P ISA07 = ZZ for 276
ISA08	Interchange Receiver ID		MAC specific number for the inbound transactions.  Valid Values: 16003 17003 18003 19003  These Receiver IDs are also required in the GS03 and in Loop 1000B and NM109 for 837.
ISA11	Repetition Separator		Must be present
ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.
GS02	Application Sender Code		Include submitter number assigned by the MAC.
GS03	Application Receiver's Code		Receiver ID assigned by the MAC.
GS08	Version Identifier Code	837P 005010X222 Errata-	ERRATA Versions, when applicable. GS08 must also

Element	Name	Codes/Content	Notes/Comments
		005010X222A1  276 005010X212 No Errata version change	match the ST03.
NM109 837- 1000A loop 276- 2100B loop			Submitter ID. Must match the value submitted in ISA06 and GS02.
NM109 837- 1000B loop 276- 2100A loop			Receiver ID. Must match value submitted in ISA08 and GS03. Valid values: 16003 17003 18003 19003

Interchange Control (ISA/IEA), Function Group (GS/GE), and Transaction (ST/SE) envelopes must be used as described in the national implementation guides. Medicare’s expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each Transaction Information companion Guide.

Note: Medicare only accepts functional groups based upon one TR3 Implementation Guide per Interchange Envelope (ISA/IEA). If transactions based upon more than one TR3 Implementation Guide are being submitted, each must be contained within its own Interchange

For Medicare FFS specific guidance refer to the appropriate Medicare FFS transaction specific edit documents found at <http://www.cms.gov/ElectronicBillingEDITrans/>.

## 6.1 ISA-IEA

### Delimiters – Inbound Transactions

As detailed in the HIPAA adopted implementation guides, delimiters are determined by the characters sent in specified, set positions of the

ISA header. For transmissions to Medicare (inbound transmissions), these characters are determined by the submitter and can be any characters which are not contained within any data elements within the ISA/IEA Interchange Envelope.

**Delimiters – Outbound Transactions**

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local FI, RHHI, Carrier, A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

<b>Delimiter</b>	<b>Character Used</b>	<b>Dec Value</b>	<b>Hex Value</b>
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E
Component Element Separator	:	58	3A
Segment Terminator	~	126	7E

**Inbound Data Element Detail and Explanation**

All data elements within the interchange envelop (ISA/IEA) must follow X12 syntax rules as defined within the adopted implementation guide.

**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 the transaction specific appendices of this companion guide.

**6.3 ST-SE**

Medicare has no requirements outside the HIPAA adopted transaction implementation guides.

**7. Acknowledgements and Reports**

CEDI will provide acknowledgements and reports for submitted X12 5010 claims transactions.

**7.1 ASC X12 Acknowledgments**

Medicare has adopted two new acknowledgement transactions, the 999 Implementation Acknowledgement For Health Care Insurance and the 277 Claims Acknowledgement or 277CA. These two

acknowledgments will replace proprietary reports previously provided by National Government Services CEDI.

Medicare FFS has adopted a process to only reject claim submissions that are out of compliance with the ASC X12 version 5010 standard; the appropriate response for such errors will be returned on a 999 Implementation Acknowledgment transaction. Batch submissions with errors will not be rejected in totality, unless warranted, but will selectively reject the claims submitted in error within it. Thus, Medicare FFS will reject claim submissions and return a 999 Implementation Acknowledgment transaction with the error responses listed within the 837 Institutional or Professional Edits Spreadsheet found at <http://www.cms.gov/ElectronicBillingEDITrans/>.

## 7.2 Report Inventory

### 7.2.1 Transaction Acknowledgement (TRN) Report

- The TRN is a text report file indicating initial validation of the inbound claims file, including whether or not a claims file was identified as being an ANSI file
- The naming format is trn#####.txt where
  - ##### is a sequence number generated by CEDI
  - For example: trn52731.txt
- The TRN will contain the Time Stamp, File Name, Trading Partner ID, and Original Filesize of the received claim file

### 7.2.2 Transaction Acknowledgement (TA1)

- The TA1 is an ANSI file indicating initial validation of the inbound claims file
- The naming format for the TA1 is TA1#####\_SSSS.txt where
  - ##### is the sequence number from the matching TRN file
  - SSSSS is a sequence number indicating which file in a submission was involved. For most files, this will be 00001
  - For example: TA152731\_00001.txt
- The TA1 will return standard ANSI reasons for the rejection of a claims file based on control structures
- The TA1 will use the delimiters from the submitted file as the delimiters in the TA1.
  - For example, using > as the Component Element Separator in the inbound claims file will cause the TA1 to return the > as the Component Element Separator
- The TA1 will be “wrapped,” with all segments on one long line of data

### 7.2.3 Implementation Acknowledgement For Health Care Insurance (999)

- The 999 is an ANSI file indicating results of data integrity analysis of the claims file
- The naming format is 999.claimsfilename\_#####.CCYYMMDDHHMMSS.##### where
  - claimsfilename is the submitted name of the original claims file
  - ##### is a sequence number indicating which file in a submission was involved
  - CCYYMMDDHHMMSS is the system time the 999 was generated
  - ##### is a sequence number generated by the CEDI systems
  - For example:  
999.CLAIMS.DME\_00001.20110128132647.52745
- The 999 will return standard delimiters regardless of those used in the claims file
- If the 999 is rejected at the Functional Group Response Trailer (AK9), the 999 will instead return the delimiters used in the original submitted file, like the TA1 in 7.2.2 above, and will have the naming format 999#####\_#####.txt, where ##### is the sequence number from the matching TRN file and the ##### is a sequence number indicating which file in a submission was involved; an example filename for this variety of 999 is 99952745\_00001.txt
- The 999 will be “wrapped,” with all segments on one long line of data

### 7.2.4 277 Claims Acknowledgement (277CA)

- The 277CA is an ANSI file indicating results of Medicare front end editing of the claims file
- The naming format is 277CA.claimsfilename\_#####.CCYYMMDDHHMMSS.##### where
  - claimsfilename is the submitted name of the original claims file
  - ##### is a sequence number indicating which file in a submission was involved
  - CCYYMMDDHHMMSS is the system time the 999 was generated
  - ##### is a sequence number generated by the CEDI systems

- For example  
277CA.CEDIFILE.JAN26.HME\_00001.20110126084  
512.52749
- The 277CA will return standard delimiters regardless of those used in the claims file
- The 277CA will be “wrapped,” with all segments on one long line of data

### 7.2.5 Report (RPT) Files

- The RPT file is a text file created by the DME MAC Jurisdictions indicating their receipt of the claims from CEDI and any Certificate of Medical Necessity (CMN) rejections
- The naming format is RPT.CCYMMDD.#####.txt where
  - CCYYMMDD is the date the file was generated
  - ##### is a sequence number generated by the CEDI systems
  - For example: RPT.20110209.6379.txt

## 8. Additional Trading Partner Information

### 8.1 Implementation Checklist

#### Vendors and In-House Programmers

- ✓ Obtain the ASC X12 TR3 Implementation Guides at <http://store.x12.org> and the Washington Publishing Company Health Care Code Sets from <http://www.wpc-edi.com/content/view/711/401/>
- ✓ Obtain additional X12 resource materials as needed listed under Section 1.5 Additional Information.
- ✓ Make necessary programming changes for X12 version 5010.
- ✓ Successfully test X12 version 5010 following Section 2.3 Trading Partner Testing and Certification Process.
- ✓ Vendors will implement X12 version 5010 for their customers.
- ✓ In-house programmers will begin using X12 version 5010.

#### Suppliers Using a Vendor

- ✓ Contact your vendor to confirm they are ready to test X12 version 5010 and when testing will be completed.
- ✓ Contact your vendor confirm the date they will move you to X12 version 5010.
- ✓ If your vendor will no longer support X12 version 5010, contact software vendors listed on the CEDI Passed Entities List on the CEDI Web site [http://www.ngscedi.com/outreach\\_materials/outreachindex.htm](http://www.ngscedi.com/outreach_materials/outreachindex.htm) to find a new vendor to support your submission of X12 version 5010 claims.

## 8.2 Transmission Examples

The following example is a claims file submitted with the name “CEDIClaims.Dat”. This file has two back-to-back interchanges (ISA to IEA envelopes) and is shown here with all segments within the transaction sets removed.

```

ISA>00>                >00>                >ZZ>B08#####          >ZZ>17003
>110124>1717>^>00501>523037000>1>T>+~
GS>HC>B08#####>17003>20110124>1717>42001>X>005010X222~
ST>837>1001>005010X222~
<claim details>
SE>898>1001~
GE>1>42001~
IEA>1>523037000~
ISA>00>                >00>                >ZZ>B08#####          >ZZ>17003
>110124>1717>^>00501>523037001>1>T>+~
GS>HC>B08#####>17003>20110124>1717>42002>X>005010X222~
ST>837>1002>005010X222~
<claim details>
SE>898>1002~
GE>1>42003~
IEA>1>523037001~

```

The claim file above would produce a TRN Report named trn73855.TXT. The text in this report gives the original inbound file name.

In this example, the second “logical file”, or interchange, had a problem due to a GE02 control number mismatch. Checking the data above shows the second interchange has a GS06 value of “42002”, and the GE02 which should match that has “42003 instead”.

This second interchange will produce a 999 file named 99973855\_00002.TXT.

Note: Both the TRN and the 999 have a sequence number of “73855” in their filenames, linking them together. The “\_00002” in the 999 filename indicates this 999 is for the second interchange in the original file.

Following is the 999. The delimiters in this file match the delimiters in the inbound file. The “4” in the AK905 means the interchange was rejected due to having a mismatch between the GS06 and the GE02, which was also reported on the TRN.

```

ISA>00>                >00>                >ZZ>17003
>ZZ>B08#####          >110202>1339>^>00501>033105540>0>T>+~
GS>FA>17003>B08#####>20110202>1339>33100001>X>005010X231~
ST>999>0001>005010X231~
AK1>HC>42002>005010X222~
AK9>R>1>1>0>4~
SE>4>0001~
GE>1>33100001~
IEA>1>033105540~

```

The TRN also reports that one interchange was processed. This is the first interchange which went on to produce a 999 named 999.CEDICLAIMS.DAT\_00001.20110202134049.42448 shown below.

Note: The delimiters in this 999 are CEDI “standard” delimiters.

```
ISA*00*                *00*                *ZZ*17003
*ZZ*B08#####          *110202*1340**^*00501*033100116*0*T*:~
GS*FA*17003*B08#####*20110202*1340*33100116*X*005010X231~
ST*999*0001*005010X231~
AK1*HC*42001*005010X222~
AK2*837*1001*005010X222~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*33100116~
IEA*1*033100116~
```

Since this file was accepted at the 999 level, it also produced a 277CA named 277CA.CEDICLAIMS.DAT\_00001.20110202134050.42452.

Note: The delimiters in this 277CA are CEDI “standard” delimiters.

```
ISA*00*                *00*                *ZZ*17003
*ZZ*B08#####          *110202*1340**^*00501*033100117*0*T*:~
GS*HN*17003*B08#####*20110202*1340*33100117*X*005010X214~
ST*277*0001*005010X214~
<claims response details>
SE*185*0001~
GE*1*33100117~
IEA*1*033100117~
```

### 8.3 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. National Government Services CEDI requires the agreements detailed in Section 2.2 Trading Partner Registration and found on the CEDI Web site at <http://www.ngscedi.com/forms/formsindex.htm>.

### 8.4 Frequently Asked Questions

Frequently asked questions can be accessed at: <http://www.cms.gov/ElectronicBillingEDITrans/> And <http://www.ngscedi.com/> and select the National Government Services CEDI topic for specific frequently asked question documents.

### 8.5 Other Resources

#### National Plan & Provider Enumeration System (NPPES)

Medicare Role: Assigns National Provider Identifier (NPI) Numbers  
 Phone: 800-465-3203  
 E-mail: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)  
 Web site: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

#### National Supplier Clearinghouse (NSC)

Medicare Role: Assigns Durable Medical Equipment Provider Transaction Access Numbers (PTANS)  
 Phone: 866-238-9652  
 E-mail: Visit <http://palmettogba.com/nsc> and select the E-mail option  
 Web site: <http://palmettogba.com/nsc>

#### Medicare Pricing, Data Analysis, and Coding (PDAC)

Medicare Role: Assists suppliers on the proper use of the Healthcare Common Procedure Coding System (HCPCS)  
 Phone: 877-735-1326  
 E-mail: Visit <https://www.dmepdac.com/index.html> and select the E-mail option  
 Web site: <https://www.dmepdac.com/index.html> (an E-mail option is on the page)

#### Provider Enrollment, Chain, and Ownership System (PECOS)

Medicare Role: Supports the Medicare provider and supplier enrollment process by capturing provider/supplier information from the CMS-855 family of forms, creating NPI Crosswalk entries as a result  
 Phone: 866-484-8049  
 Web site: <https://pecos.cms.hhs.gov/>

### 9. Trading Partner Information Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2010	All	1 <sup>st</sup> Publication Version
3.0	April 2011	6.0	2 <sup>nd</sup> Publication Version
3.1	June 2011	5.3	2 <sup>nd</sup> Publication Version Revision

## 10. Appendices

### A. 837 Institutional Claim Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A2837ACG.pdf>

### B. 837 Professional Claim Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1837BCG.pdf>

### C. 276/277 Claim Status Inquiry and Response Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010276277CG.pdf>

### D. 835 Remittance Advice Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1835CG.pdf>