

## Common Electronic Data Interchange Supplier Authorization Form Instructional Guide

Should I be filling this form out?

This form is used to link a supplier to a clearinghouse or third party biller or to add additional electronic transactions for a supplier already using a clearinghouse or third party biller.

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### Select Transactions Authorized for this Submitter

#### **1. What transaction types are available?**

The following are the transaction options available to exchange with CEDI. Select the type of transactions you are planning to exchange with CEDI. Verify with your software that you will be able to exchange the specified transaction.

- ASC X12 837 Claims, Version 4010A1
- ASC X12 276/277 Claim Status & Response, Version 4010A1

- ASC X12 835 Remittance, Version 4010A1
- NCPDP (National Council for Prescription Drug Programs) Claims 5.1
- Health Care Claim (837 v5010A1)
- Health Care Claim Status Request & Response (276/277 v5010A1)
- Health Care Claim Payment/Advise (835 v5010A1)
- NCPDP Claims D.0

**Note:** Descriptions of the transactions are listed below.

You can locate approved software vendors for electronic transactions with CEDI on the Resource Materials page of the CEDI Web site at the following link:

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

## 2. Which transactions should I select?

Verify with your billing service or clearinghouse which transactions and which version format they need you to select.

- ASC X12 837 Claims, Version 4010A1  
Select this transaction if the Submitter is planning to send electronic health care claims in the 4010A1 format to CEDI.
- ASC X12 276/277 Claim Status & Response, Version 4010A1  
Select this transaction if the Submitter is planning to exchange electronic claim status inquiry/response transactions in the 4010A1 format.
  - Verify the software product you will be using supports this transaction.
- ASC X12 835 Remittance, Version 4010A1  
Select this transaction if the Submitter is planning to receive an Electronic Remittance Advise (ERA) in 4010A1 format instead of a standard paper remittance advice.
  - After 45 days from the initial setup of the Submitter ID for 835 ERA, any supplier who is setup to have remittance advices returned to that Submitter ID will no longer receive a standard paper remit.
  - A supplier setup for ERA under a Submitter ID where the Submitter has passed the initial 45 days will no longer receive the standard paper remit on the effective date of their setup for ERA.
- NCPDP (National Council for Prescription Drug Programs) Claims 5.1  
Select this transaction if the Submitter is planning to submit NCPDP 5.1 format claims to CEDI.
  - Only retail pharmacies may submit claims in the NCPDP format; however, retail pharmacies may submit claims in the X12 837 format if they choose.
- Health Care Claim (837 v5010A1)  
Select this transaction if the Submitter is planning to send electronic health care claims in the 5010A1 format to CEDI.
- Health Care Claim Status Request & Response (276/277 v5010A1)  
Select this transaction if the Submitter is planning to exchange electronic claim status inquiry/response transactions in the 5010A1 format.

- Verify the software product you will be using supports this transaction.
- **Health Care Claim Payment/Advise (835 v5010A1)**  
Select this transaction if the Submitter is planning to receive an Electronic Remittance Advise (ERA) in 5010A1 format instead of a standard paper remittance advice.
  - After 45 days from the initial setup of the Submitter ID for 835 ERA, any supplier who is setup to have remittance advices returned to that Submitter ID will no longer receive a standard paper remit.
  - A supplier setup for ERA under a Submitter ID where the Submitter has passed the initial 45 days will no longer receive the standard paper remit on the effective date of their setup for ERA.
- **NCPDP Claims D.0**  
Select this transaction if the Submitter is planning to submit NCPDP D.0 format claims to CEDI.
  - Only retail pharmacies may submit claims in the NCPDP format; however, retail pharmacies may submit claims in the X12 837 format if they choose.

Remember to verify which transactions and which version format you to select with your billing service or clearinghouse.

### 3. **What is the difference between the 4010A1 transactions and the 5010A1 transactions?**

The 5010A1 transactions are the new version of the transaction files Medicare will be using. Medicare is currently using the 4010A1 version of the transactions. All providers will need to be using the 5010A1 and D.0 versions of the file transactions before January 2012. Check with your billing service/clearinghouse if they have passed testing or when they plan to start testing for the new version of the transaction files.

## Submitter and/or Receiver Information

### 1. **What information goes in the Submitter and/or Receiver Information section?**

This is the clearinghouse or third party biller's information. Contact your clearinghouse or third party biller for this information.

### 2. **What do I put for Entity Name?**

Enter the name of the clearinghouse or third party biller you plan to use to exchange your electronic transactions with CEDI.

### 3. **What to I select for "Operating as a"?**

Select the option that is most appropriate for the clearinghouse or third party that you use.

### 4. **What do I enter for the Submitter ID?**

A Submitter ID is assigned by CEDI and is used to log in and exchange electronic transactions (e.g., 837 claims, 835 ERAs, 276/277 claims status and responses, or NCPDP claims) with CEDI. This is also referred to as a Trading Partner ID.

Contact your clearinghouse or third party biller for this information.

Valid Submitter IDs will only start with the letters A, B, C, or D; followed by the numbers "08" and then six additional numbers.

Examples of a valid Submitter ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

**5. What information should I put in for the Street, City, State, ZIP, Contact Name, Phone Number, E-mail, and Verify E-mail fields?**

Contact your clearinghouse or third party biller for this information.

## DME Supplier Information

**1. What information goes in the DME Supplier Information section?**

This is the supplier information. Enter the information related to the supplier's NPI and PTAN/NSC.

**2. What should I put for Supplier Name?**

This is the entity name as it appears on file for your PTAN/NSC with the National Suppliers Clearinghouse (NSC). Contact the NSC to verify this information at 866-238-9652.

The supplier name must be entered as it is enrolled with the NSC. Forms will be rejected containing any other name.

**3. What information should I put in the Street, City, State, ZIP, Contact Name, Phone Number, E-mail, Verify E-mail fields?**

This is the physical location/business address and contact information where you will be contacted upon processing of your request.

**4. What is the PTAN?**

This is the unique Medicare supplier number assigned by the National Supplier Clearinghouse.

- It is a ten-digit number
- PTAN numbers can be referred to as the following:
  - Provider number
  - Supplier number
  - National Supplier Clearinghouse (NSC) number
  - Durable medical equipment (DME) number
  - Medicare NSC number
  - Medicare DME number

## 5. What is the NPI?

This is the National Provider Identifier.

- It is a ten digit number.
- To apply for an NPI, you must contact the National Plan and Provider Enumeration System (NPPES) at 800-465-3203 or visit them online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

## 6. How do I sign the Electronic form where it says DME Supplier Signature and title?

- Type in the name of the person submitted on the form to the National Supplier Clearinghouse to obtain a PTAN as authorized to sign the document on behalf of the supplier.
- Type in the title of the person authorized to sign the forms.

## 7. How do I submit the form?

Once all required fields have been completed, the form must be submitted to the CEDI Enrollment Department for processing.

- Verify all information has been entered correctly on the form
- Select Submit
- Print the submitted page
- Verify the form has a **Request ID (RID)** on the printed copy of the form. This is the tracking number needed to verify status of the enrollment process.
- Have the authorized person (entered in the Signature section) sign and date the form
- Fax all forms for the same request to the CEDI Enrollment Department at 315-442-4299 under the same cover sheet
- Be sure to fax **ALL** pages of this form. Missing pages will cause the enrollment forms to be returned.