Table of Contents

Enrollment Options

Select the option below that best describes who is completing the enrollment request to see related instructions.

I am a Supplier

I am a Billing Service

I am a Clearinghouse

I am a Direct Claim Entry User (CEDI Claims Portal)

I am a Supplier

Select "Supplier".

I am a ...

Supplier
Select this option if you are a supplier who needs to:
- Obtain a new Trading Partner ID
- Update a Trading Partner ID
- Reactivate an inactive Trading Partner ID
- Allow a Billing Service or Clearinghouse to submit claims on your behalf
- Allow a Billing Service or Clearinghouse to access a DME MAC's Portal on your behalf

The Authorized or Delegated Official is required to sign this form.

Click Next.

What type of form would you like to complete?

Select the option below that best describes the setup being requested.

CEDI Registration Form: I want to obtain, update or reactivate a Trading Partner ID

Supplier Information

Supplier Information

Supplier Name*

Street Address*

City*

State* ▾   ZIP Code*

Primary Contact First Name*   Primary Contact Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

ⓘ Complete all fields marked with *

Supplier Name

The Supplier Name must match the Legal Business Name, including punctuation, exactly as it is on file with PECOS.

To verify the Supplier/Provider name, please contact the NPEAST at 1-866-520-5193 or NPWEST at 1-866-238-9652 or access PECOS at https://pecos.cms.hhs.gov/pecos/login.do.

Street Address, City, State, and ZIP Code

This is the physical location/business address for supplier.

Primary Contact First Name, Primary Contact Last Name, and Title

This is the person who would be contacted regarding questions related to the enrollment packet and would be authorized to receive information sent by the CEDI Enrollment team. The person's title at the company is placed in the title field.

Email

The email address entered in this field will be used by CEDI Enrollment to send communication regarding the enrollment packet. Please be sure to use an email address that is frequently checked.

Phone Number

The phone number entered in this field should be for the primary contact and may be used for communication regarding the enrollment packet.

NPI/PTAN(s) Information

NPI(s)/PTAN(s) Information

You can enroll up to 25 NPI(s)/PTAN(s) on this form.

| Enter NPI/PTAN | Upload an NPI/PTAN file |

NPI*

PTAN*

Clear   Add

⚠ Complete all fields marked with *

Adding NPIs and PTANs

There are two (2) options for adding NPIs and PTANs.

- **Enter NPI/PTAN** - Manually enter the NPI and PTAN in the NPI and PTAN fields. Select the "Add" button to add them to the form. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

- **Upload an NPI/PTAN File** - Follow the instructions to download a file, enter up to 25 NPI/PTAN combinations and upload the file to be added to your enrollment packet.

If you enter multiple NPIs/PTANs, they must have the same Supplier Name in PECOS and match what is entered on the form.

Note: If an NPI and PTAN combination is added and then needs to be removed from the form, select the Remove icon to remove it from the list.

NPI

This is the National Provider Identifier (NPI).

- The NPI is a ten (10) 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.

PTAN

This is the unique Medicare Durable Medical Equipment (DME) supplier number assigned by the National Provider Enrollment Eastern Region (NPEAST) or Western Region (NPWEST).

- The PTAN is a ten (10) digit number

- It can be referred to as the following:
    - Supplier or Provider number
    - DME number

If you are unsure what this number is or need more information about receiving this number, please contact either the NPEAST or the NPWEST:

For NPEAST, verify this information at 866-520-5193 or visit their website at https://www.novitas-solutions.com.

For NPWEST, verify this information at 866-238-9652 or visit their website at https://www.palmettogba.com.

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?

Claim Submission
Send ASC X12 837 Medicare claims as a batch file.

Payment Remittance Advice
Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.

Claim Status & Response
Send a Health Care Claim Status (276) file and receive a Health Care Claim Status Response (277) file back.

NCPDP Claims D.0
Send retail pharmacy claims in the NCPDP version D.0 format.

ⓘ Complete all fields marked with *

Transaction types

The following transaction options are available to exchange with CEDI.

- Claim Submission: Health Care Claims (837 v5010A1)

- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)
- Claim Status & Response: Health Care Claim Status Request & Response (276/277 v5010)
- NCPDP Claims D.0

Verify your software vendor supports the file option(s) you select.

Select the type of transactions on the form you are planning to send and/or receive.

NOTE: The NCPDP Claims transaction option can only be used by retail pharmacies; however, retail pharmacies may submit claims in the X12 837 format if they choose. Before you select this transaction, verify with your software vendor you will be submitting NCPDP claims.

Selecting Transactions

Verify with your software vendor what transactions and version types you need to select.

The transaction options are listed below.

- Claim Submission

    Select this transaction if the Trading Partner will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice

    Select this transaction if the Trading Partner will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

    o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

- Claim Status & Response

    Select this transaction if the Trading Partner will be exchanging the X12 276/277 electronic claim status inquiry/response transactions.

    o Verify the software product you will be using supports this transaction.

- NCPDP Claims D.0

    Select this transaction if the Trading Partner will be exchanging claims in the NCPDP D.0 format.

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Telecommunications Options

Telecommunications Options

Network Service Vendor* ▾

ⓘ Complete all fields marked with *

Telecommunications - Network Service Vendor

Select the Network Service Vendor (NSV) you will be using for connectivity to CEDI to send and receive files from the drop down list.

The list of NSVs approved for connectivity to CEDI is on the CEDI website under Telecommunications.

Trading Partner Information

Trading Partner Information

Action* ▾

ⓘ Complete all fields marked with *

Action

- Select **New Trading Partner ID** if you are requesting a new Trading Partner ID.

- Select **Update Trading Partner ID** if you are updating or adding information to your own Trading Partner ID. A field will then be provided to enter your Trading Partner ID.

- Select **Reactivate Trading Partner ID** if you are wanting to reactivate your own inactive Trading Partner ID. A field will then be provided to enter your Trading Partner ID.

  NOTE: The Trading Partner ID cannot belong to or be used by a Clearinghouse or Billing Service.

Trading Partner ID*

Software Vendor* ▾

ⓘ Complete all fields marked with *

Trading Partner ID

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

Valid Trading Partner 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 Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Software Vendor

This is the name of the software vendor you plan to use. Contact your software vendor for this information.

You can locate CEDI approved software vendors on the CEDI website under Approved Entities List.

PC-ACE is the HIPAA compliant software available at no cost from CEDI for creating X12 claims to be submitted to CEDI. PC-ACE does not create claims in the NCPDP format. Select PC-ACE from the drop down list if you would like to download and use this software to create your Durable Medical Equipment (DME) claims.

Note: The PC-ACE software will not be sent to you. It is available as a free download at the following link: https://www.ngscedi.com/pcace

All direct billing software, including PC-ACE, will require a Network Service Vendor to connect with CEDI to exchange transactions. (Network Service Vendors do have an associated cost.)

If your software vendor is not listed, please verify they are approved with CEDI and then select the "Other" option. You will then be able to enter their contact information. If the software vendor is not an approved CEDI entity, the enrollment packet will be rejected.

Authorized Signature

DME Authorized Supplier Signature First Name*	DME Authorized Supplier Signature Last Name*

DME Supplier Title*

Date
2023-11-17

ⓘ Complete all fields marked with *

DME Authorized Supplier Signature First Name and Last Name

The authorized or delegated official will enter their name in the first and last name fields. Enter the name exactly as it appears in PECOS including punctuation. Please do not use initials or nicknames.

PECOS can be accessed at https://pecos.cms.hhs.gov/pecos/login.do to verify how the authorized or delegated official's name is listed.

Important: Clearinghouses, Billing Services and/or other Third Party Entities are NOT ALLOWED to sign enrollment forms and must not submit them on behalf of the supplier.

DME Supplier Title

Enter the title for the authorized or delegated official.

CEDI Registration Form: I want to allow a Billing Service to submit claims on my behalf

Supplier Information

Supplier Information

Supplier Name*

Street Address*

City*

State* ▼   ZIP Code*

Primary Contact First Name*   Primary Contact Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

⊘ Complete all fields marked with *

Supplier Name

The Supplier Name must match the Legal Business Name, including punctuation, exactly as it is on file with PECOS.

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https://pecos.cms.hhs.gov/pecos/login.do.

Street Address, City, State, and ZIP Code

This is the physical location/business address for supplier.

national government SERVICES

Primary Contact First Name, Primary Contact Last Name, and Title

This is the person who would be contacted regarding questions related to the enrollment packet and would be authorized to receive information sent by the CEDI Enrollment team. The person's title at the company is placed in the title field.

Email

The email address entered in this field will be used by CEDI Enrollment to send communication regarding the enrollment packet. Please be sure to use an email address that is frequently checked.

Phone Number

The phone number entered in this field should be for the primary contact and may be used for communication regarding the enrollment packet.

NPI/PTAN(s) Information

Adding NPIs and PTANs

There are two (2) options for adding NPIs and PTANs.

- **Enter NPI/PTAN** - Manually enter the NPI and PTAN in the NPI and PTAN fields. Select the "Add" button to add them to the form. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

- **Upload an NPI/PTAN File** - Follow the instructions to download a file, enter up to 25 NPI/PTAN combinations and upload the file to be added to your enrollment packet.

If you enter multiple NPIs/PTANs, they must have the same Supplier Name in PECOS and match what is entered on the form.

Note: If an NPI and PTAN combination is added and then needs to be removed from the form, select the Remove icon to remove it from the list.

NPI

This is the National Provider Identifier (NPI).

- The NPI is a ten (10) 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.

PTAN

This is the unique Medicare Durable Medical Equipment (DME) supplier number assigned by the National Provider Enrollment Eastern Region (NPEAST) or Western Region (NPWEST).

- The PTAN is a ten (10) digit number

- It can be referred to as the following:
  - Supplier or Provider number
  - Medicare DME number

If you are unsure what this number is or need more information about receiving this number, please contact either the NPEAST or the NPWEST:

For NPEAST, verify this information at 866-520-5193 or visit their website at https://www.novitas-solutions.com.

For NPWEST, verify this information at 866-238-9652 or visit their website at https://www.palmettogba.com.

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?

Claim Submission	**Payment Remittance Advice**
Send ASC X12 837 Medicare claims as a batch file.	Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.

Claim Status & Response	**NCPDP Claims D.0**
Send a Health Care Claim Status (276) file and receive a Health Care Claim Status Response (277) file back.	Send retail pharmacy claims in the NCPDP version D.0 format.

DME MAC Portal Access	
Give your Billing Service/Clearinghouse the ability to access a DME MACs Portal on your behalf.	

⊙ Complete all fields marked with *

Transaction types

The following transaction options are available to exchange with CEDI.

- Claim Submission: Health Care Claims (837 v5010A1)

- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)

- Claim Status & Response: Health Care Claim Status Request & Response (276/277 v5010)

- NCPDP Claims D.0

Verify your software vendor and Billing Service supports the file option(s) you select.

Select the type of transactions on the form your Billing Service will send and/or receive.

NOTE: The NCPDP Claims transaction option can only be used by retail pharmacies; however, retail pharmacies may submit claims in the X12 837 format if they choose. Before you select this transaction, verify with your Billing Service you will be submitting NCPDP claims.

Selecting Transactions

Verify with your software vendor and Billing Service what transactions and version types you need to select.

The transaction options are listed below.

- Claim Submission

  Select this transaction if the Billing Service will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice

  Select this transaction if the Billing Service will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

  - o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

- Claim Status & Response

  Select this transaction if the Billing Service will be exchanging the X12 276/277 electronic claim status inquiry/response transactions.

  - o Verify the software product and Billing Service you will be using supports this transaction.

- NCPDP Claims D.0

  Select this transaction if the Billing Service will be exchanging claims in the NCPDP D.0 format.

- DME MAC Portal Access

  Select this transaction if you want to grant the Billing Service access to a DME MACs portal for eligibility, claims information, appeals, prior authorization, ADMC, financial, or mailbox.

NOTE: Suppliers who want to be setup with their own DME MAC portal access will not complete this section and should contact the DME MACs or visit their websites.

Jurisdiction A
Contact Center: 1-866-419-9458
https://med.noridianmedicare.com/web/jadme

Jurisdiction B
Contact Center: 1-866-590-6727
https://www.cgsmedicare.com/jb/mycgs/index.html

Jurisdiction C
Contact Center: 1-866-270-4909
https://www.cgsmedicare.com/jc/mycgs/index.html

Jurisdiction D
Contact Center: 1-877-320-0390
https://med.noridianmedicare.com/web/jddme

o Once the "DME MAC Portal Access" box is checked, additional check boxes will appear to select the specific access to the DME MAC Jurisdiction(s).

o Selecting the Jurisdiction's check box will check all access boxes under it or access options can be selected individually.

o This information will be provided to the selected DME MAC(s) to complete your request for third party access to their internet portal(s).

o NOTE: This option can only be selected if the supplier is set up or is requesting to be set up for the X12 837 Health Care Claim transaction.

Trading Partner Information

Trading Partner Information

Action*

Link to Billing Service ▾

Trading Partner ID*

⊙ Complete all fields marked with *

Trading Partner ID

Enter the Trading Partner ID belonging to the Billing Service exchanging transactions on behalf of the supplier.

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

Valid Trading Partner 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 Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Please contact your Billing Service for this number.

Trading Partner Information: Billing Service Contact

Billing Service Contact First Name*	Billing Service Contact Last Name*

Email*

Verify Email*

Phone Number*	Extension

ⓘ Complete all fields marked with *

Billing Service Contact First Name and Billing Service Contact Last Name

This is the person with the Billing Service who would be contacted regarding questions related to the enrollment packet.

Email

Enter the email address for the Billing Service. Please be sure to use an email address that is frequently checked.

Phone Number

Enter the phone number for the Billing Service.

Authorized Signature

DME Authorized Supplier Signature First Name*	DME Authorized Supplier Signature Last Name*

DME Supplier Title*

Date
2023-11-17

ⓘ Complete all fields marked with *

DME Authorized Supplier Signature First Name and Last Name

The authorized or delegated official will enter their name in the first and last name fields. Enter the name exactly as it appears in PECOS including punctuation. Please do not use initials or nicknames.

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Important: Clearinghouses, Billing Services and/or other Third Party Entities are NOT ALLOWED to sign enrollment forms and must not submit them on behalf of the supplier.

DME Supplier Title

Enter the title for the authorized or delegated official.

CEDI Registration Form: I want to allow a Clearinghouse to submit claims on my behalf

Supplier Information

Supplier Information

Supplier Name*

Street Address*

City*

State*   ZIP Code*

Primary Contact First Name*   Primary Contact Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

⚠ Complete all fields marked with *

national government SERVICES

Supplier Name

The Supplier Name must match the Legal Business Name, including punctuation, exactly as it is on file with PECOS.

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This is the person who would be contacted regarding questions related to the enrollment packet and would be authorized to receive information sent by the CEDI Enrollment team. The person's title at the company is placed in the title field.

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NPI/PTAN(s) Information

NPI(s)/PTAN(s) Information
You can enroll up to 25 NPI(s)/PTAN(s) on this form.

Enter NPI/PTAN	Upload an NPI/PTAN file

NPI*

PTAN*

Clear	Add

⊘ Complete all fields marked with *

Adding NPIs and PTANs

There are two (2) options for adding NPIs and PTANs.

- **Enter NPI/PTAN** - Manually enter the NPI and PTAN in the NPI and PTAN fields. Select the "Add" button to add them to the form. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

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Note: If an NPI and PTAN combination is added and then needs to be removed from the form, select the Remove icon to remove it from the list.

NPI

This is the National Provider Identifier (NPI).

- The NPI is a ten (10) 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.

PTAN

This is the unique Medicare Durable Medical Equipment (DME) supplier number assigned by the National Provider Enrollment Eastern Region (NPEAST) or Western Region (NPWEST).

- The PTAN is a ten (10) digit number

- It can be referred to as the following:

    o Supplier or Provider number

    o Medicare DME number

If you are unsure what this number is or need more information about receiving this number, please contact either the NPEAST or the NPWEST:

For NPEAST, verify this information at 866-520-5193 or visit their website at https://www.novitas-solutions.com.

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What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?

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Send ASC X12 837 Medicare claims as a batch file.

Payment Remittance Advice
Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.

Claim Status & Response
Send a Health Care Claim Status (276) file and receive a Health Care Claim Status Response (277) file back.

NCPDP Claims D.0
Send retail pharmacy claims in the NCPDP version D.0 format.

DME MAC Portal Access
Give your Billing Service/Clearinghouse the ability to access a DME MACs Portal on your behalf.

⚠ Complete all fields marked with *

Transaction types

The following transaction options are available to exchange with CEDI.

- Claim Submission: Health Care Claims (837 v5010A1)
- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)
- Claim Status & Response: Health Care Claim Status Request & Response (276/277 v5010)
- NCPDP Claims D.0

Verify your software vendor and Clearinghouse supports the file option(s) you select.

Select the type of transactions on the form your Clearinghouse will send and/or receive.

NOTE: The NCPDP Claims transaction option can only be used by retail pharmacies; however, retail pharmacies may submit claims in the X12 837 format if they choose. Before you select this transaction, verify with your Clearinghouse you will be submitting NCPDP claims.

Selecting Transactions

Verify with your software vendor and Clearinghouse what transactions and version types you need to select.

The transaction options are listed below.

- Claim Submission

  Select this transaction if the Clearinghouse will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice

  Select this transaction if the Clearinghouse will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

- o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

- Claim Status & Response

  Select this transaction if the Clearinghouse will be exchanging the X12 276/277 electronic claim status inquiry/response transactions.

  - o Verify the software product and Clearinghouse you will be using supports this transaction.

- NCPDP Claims D.0

  Select this transaction if the Clearinghouse will be exchanging claims in the NCPDP D.0 format.

- DME MAC Portal Access

  Select this transaction if you want to grant a Clearinghouse access to a DME MACs portal for eligibility, claims information, appeals, prior authorization, ADMC, financial, or mailbox.

  NOTE: Suppliers who want to be setup with their own DME MAC portal access will not complete this section and should contact the DME MACs or visit their websites.

  Jurisdiction A
  Contact Center: 1-866-419-9458
  https://med.noridianmedicare.com/web/jadme

  Jurisdiction B
  Contact Center: 1-866-590-6727
  https://www.cgsmedicare.com/jb/mycgs/index.html

  Jurisdiction C
  Contact Center: 1-866-270-4909
  https://www.cgsmedicare.com/jc/mycgs/index.html

  Jurisdiction D
  Contact Center: 1-877-320-0390
  https://med.noridianmedicare.com/web/jddme

  - o Once the "DME MAC Portal Access" box is checked, additional check boxes will appear to select the specific access to the DME MAC Jurisdiction(s).

- o Selecting the Jurisdiction's check box will check all access boxes under it or access options can be selected individually.

- o This information will be provided to the selected DME MAC(s) to complete your request for third party access to their internet portal(s).

- o NOTE: This option can only be selected if the supplier is set up or is requesting to be set up for the X12 837 Health Care Claim transaction.

Trading Partner Information

Trading Partner ID

The Trading Partner ID will belong to the Clearinghouse that will be exchanging transactions on behalf of the supplier. A Trading Partner ID is assigned by CEDI and is used to log in and exchange electronic transactions with CEDI (e.g., 837 claims, 835 ERAs, 276/277 claims status and responses, or NCPDP claims). This is also referred to as a Submitter ID.

Valid Trading Partner 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 Trading Partner ID format include:

- ▪ A08123456
- ▪ B08123456
- ▪ C08123456
- ▪ D08123456

Please contact your Clearinghouse for this number.

Trading Partner Information: Clearinghouse Contact

Clearinghouse Contact First Name*	Clearinghouse Contact Last Name*
Email*	
Verify Email*	
Phone Number*	Extension

⊙ Complete all fields marked with *

Clearinghouse Contact First Name and Clearinghouse Contact Last Name

This is the person with the Clearinghouse entered on the form who would be contacted regarding questions related to the enrollment packet.

Email

The email address entered in this field should be for the Clearinghouse.

Phone Number

Enter the phone number for the Clearinghouse.

Authorized Signature

DME Authorized Supplier Signature First Name*	DME Authorized Supplier Signature Last Name*
DME Supplier Title*	
Date
2023-11-17	

⊙ Complete all fields marked with *

DME Authorized Supplier Signature First Name and Last Name

The authorized or delegated official will enter their name in the first and last name fields. Enter the name exactly as it appears in PECOS including punctuation. Please do not use initials or nicknames.

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Important: Clearinghouses, Billing Services and/or other Third Party Entities are NOT ALLOWED to sign enrollment forms and must not submit them on behalf of the supplier.

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DME Supplier Title

Enter the title for the authorized or delegated official.

CEDI Registration Form: Add Another Location with a Different Legal Business Name

Supplier Information

Supplier Information

Supplier Name*

Street Address*

City*

State*   ZIP Code*

Primary Contact First Name*   Primary Contact Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

⚠ Complete all fields marked with *

Supplier Name

The Supplier Name must match the Legal Business Name, including punctuation, exactly as it is on file with PECOS.

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PTAN*

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- **Enter NPI/PTAN** - Manually enter the NPI and PTAN in the NPI and PTAN fields. Select the "Add" button to add them to the form. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

- **Upload an NPI/PTAN File** - Follow the instructions to download a file, enter up to 25 NPI/PTAN combinations and upload the file to be added to your enrollment packet.

If you enter multiple NPIs/PTANs, they must have the same Supplier Name in PECOS and match what is entered on the form.

Note: If an NPI and PTAN combination is added and then needs to be removed from the form, select the Remove icon to remove it from the list.

NPI

This is the National Provider Identifier (NPI).

- The NPI is a ten (10) 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.

PTAN

This is the unique Medicare Durable Medical Equipment (DME) supplier number assigned by the National Provider Enrollment Eastern Region (NPEAST) or Western Region (NPWEST).

- The PTAN is a ten (10) digit number

- It can be referred to as the following:
    o Supplier or Provider number
    o Medicare DME number

If you are unsure what this number is or need more information about receiving this number, please contact either the NPEAST or the NPWEST:

For NPEAST, verify this information at 866-520-5193 or visit their website at https://www.novitas-solutions.com.

For NPWEST, verify this information at 866-238-9652 or visit their website at https://www.palmettogba.com.

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?

Claim Submission	Payment Remittance Advice
Send ASC X12 837 Medicare claims as a batch file.	Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.

Claim Status & Response	NCPDP Claims D.0
Send a Health Care Claim Status (276) file and receive a Health Care Claim Status Response (277) file back.	Send retail pharmacy claims in the NCPDP version D.0 format.

DME MAC Portal Access	
Give your Billing Service/Clearinghouse the ability to access a DME MACs Portal on your behalf.	

ⓘ Complete all fields marked with *

Transaction types

The following transaction options are available to exchange with CEDI.

- Claim Submission: Health Care Claims (837 v5010A1)
- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)
- Claim Status & Response: Health Care Claim Status Request & Response (276/277 v5010)
- NCPDP Claims D.0

Verify your software vendor supports the file option(s) you select.

Select the type of transactions on the form you are planning to send and/or receive.

NOTE: The NCPDP Claims transaction option can only be used by retail pharmacies; however, retail pharmacies may submit claims in the X12 837 format if they choose. Before you select this transaction, verify with your software vendor you will be submitting NCPDP claims.

Select Transactions

Verify with your software vendor what transactions and version types you need to select.

The transaction options are listed below.

- Claim Submission

Select this transaction if the Trading Partner will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice

Select this transaction if the Trading Partner will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

  - o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

- Claim Status & Response

Select this transaction if the Trading Partner will be exchanging the X12 276/277 electronic claim status inquiry/response transactions.

  - o Verify the software product you will be using supports this transaction.

- NCPDP Claims D.0

Select this transaction if the Trading Partner will be exchanging claims in the NCPDP D.0 format.

- DME MAC Portal Access

Select this transaction if you want to grant a third party (Billing Service or Clearinghouse) access to a DME MACs portal for eligibility, claims information, appeals, prior authorization, ADMC, financial, or mailbox.

NOTE: Suppliers who want to be setup with their own DME MAC portal access will not complete this section and should contact the DME MACs or visit their websites.

Jurisdiction A
Contact Center: 1-866-419-9458
https://med.noridianmedicare.com/web/jadme

Jurisdiction B
Contact Center: 1-866-590-6727
https://www.cgsmedicare.com/jb/mycgs/index.html

Jurisdiction C
Contact Center: 1-866-270-4909
https://www.cgsmedicare.com/jc/mycgs/index.html

Jurisdiction D
Contact Center: 1-877-320-0390
https://med.noridianmedicare.com/web/jddme

o Once the "DME MAC Portal Access" box is checked, additional check boxes will appear to select the specific access to the DME MAC Jurisdiction(s).

o Selecting the Jurisdiction's check box will check all access boxes under it or access options can be selected individually.

o This information will be provided to the selected DME MAC(s) to complete your request for third party access to their internet portal(s).

o NOTE: This option can only be selected if the supplier is set up or is requesting to be set up for the X12 837 Health Care Claim transaction.

Trading Partner Information

Trading Partner Information

Action*

Link to Billing Service ▾

Trading Partner ID*

⚠ Complete all fields marked with *

Trading Partner ID

The Trading Partner ID will belong to the main location that owns the Trading Partner ID and will be exchanging transactions on behalf of the supplier. The main location will act as a Billing Service for additional locations. A Trading Partner ID is assigned by CEDI and is used to log in and exchange electronic transactions with CEDI (e.g., 837 claims, 835 ERAs, 276/277 claims status and responses, or NCPDP claims). This is also referred to as a Submitter ID.

Valid Trading Partner 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 Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Trading Partner Information: Billing Service Contact

Billing Service Contact First Name*	Billing Service Contact Last Name*

Email*

Verify Email*

Phone Number*	Extension

ⓘ Complete all fields marked with *

Billing Service Contact First Name and Last Name

This is the person with the main location who owns the Trading Partner ID entered on the form and would be contacted regarding questions related to the enrollment packet.

Email

The email address entered in this field should be for the main location who owns the Trading Partner ID.

Phone Number

Enter the phone number for the main location who owns the Trading Partner ID.

Authorized Signature

DME Authorized Supplier Signature First Name*	DME Authorized Supplier Signature Last Name*

DME Supplier Title*

Date
2023-11-17

ⓘ Complete all fields marked with *

DME Authorized Supplier Signature First Name and Last Name

The authorized or delegated official for the NPI and PTAN(s) entered on the enrollment form will enter their name in the first and last name fields. Enter the name exactly as it appears in PECOS including punctuation. Please do not use initials or nicknames.

PECOS can be accessed at https://pecos.cms.hhs.gov/pecos/login.do to verify how the authorized or delegated official's name is listed.

Important: Clearinghouses, Billing Services and/or other Third Party Entities are NOT ALLOWED to sign enrollment forms and must not submit them on behalf of the supplier.

DME Supplier Title

Enter the title for the authorized or delegated official.

I am a Billing Service

Select "Billing Service".

> **Billing Service**
> Select this option if you are a third party billing service who needs to:
> - Obtain a new Trading Partner ID
> - Update a Trading Partner ID
> - Add transactions to Trading Partner ID
>
> A Billing Service collects a supplier's claim information and then bills the appropriate insurance companies, including Medicare.

Click Next.

What type of form would you like to complete?

Select "I want to obtain, update or reactivate a Trading Partner ID".

> **I want to obtain, update or reactivate a Trading Partner ID**
> Select this option if you want to create a new Trading Partner ID or if you already have one and need to make changes.

Click Next.

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CEDI Registration Form

Billing Service Information

Billing Service Information

Billing Service Name*

Street Address*

City*

State* ▼   ZIP Code*

Primary Contact First Name*   Primary Contact Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

ⓘ Complete all fields marked with *

Billing Service Name

  Enter the name of the Billing Service.

Street Address, City, State, and ZIP Code

  This is the physical location/business address for the Billing Service.

Primary Contact First Name, Primary Contact Last Name, and Title

  This is the person who would be contacted regarding questions related to the enrollment packet and would be authorized to receive information sent by the CEDI Enrollment team. The person's title at the company is placed in the title field.

Email

The email address entered in this field will be used by CEDI Enrollment to send communication regarding the enrollment packet. Please be sure to use an email address that is frequently checked.

Phone Number

The phone number entered in this field should be for the primary contact and may be used for communication regarding the enrollment packet.

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?	
Claim Submission Send ASC X12 837 Medicare claims as a batch file.	**Payment Remittance Advice** Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.
Claim Status & Response Send a Health Care Claim Status (276) file and receive a Health Care Claim Status Response (277) file back.	**NCPDP Claims D.0** Send retail pharmacy claims in the NCPDP version D.0 format.

⊙ Complete all fields marked with *

Transaction types

The following transaction options are available to exchange with CEDI.

- Claim Submission: Health Care Claims (837 v5010A1)
- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)
- Claim Status & Response: Health Care Claim Status Request & Response (276/277 v5010)
- NCPDP Claims D.0

Verify your software vendor supports the file option(s) you select.

Select the type of transactions on the form you are planning to send and/or receive.

NOTE: The NCPDP Claims transaction option can only be used by retail pharmacies; however, retail pharmacies may submit claims in the X12 837 format if they choose. Before you select this transaction, verify with your software vendor you will be submitting NCPDP claims.

Select Transactions

Verify with your software vendor what transactions and version types you need to select.

The transaction options are listed below.

- Claim Submission

Select this transaction if the Trading Partner will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice

Select this transaction if the Trading Partner will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

  - o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

- Claim Status & Response

Select this transaction if the Trading Partner will be exchanging the X12 276/277 electronic claim status inquiry/response transactions.

  - o Verify the software product you will be using supports this transaction.

- NCPDP Claims D.0

Select this transaction if the Trading Partner will be exchanging claims in the NCPDP D.0 format.

Telecommunications Options

Telecommunications Options

Network Service Vendor*   ▾

⊘ Complete all fields marked with *

Telecommunications - Network Service Vendor

Select the Network Service Vendor (NSV) you will be using for connectivity to CEDI to send and receive files from the drop down list.

The list of NSVs approved for connectivity to CEDI is on the CEDI website under Telecommunications.

Trading Partner Information

Trading Partner Information

Action*   ▾

⊘ Complete all fields marked with *

Action

- Select **New Trading Partner ID** if you are requesting a new Trading Partner ID.

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Common Electronic Data Interchange

Common Electronic Data Interchange
Guided Enrollment Process

- Select **Update Trading Partner ID** if you are updating or adding information to your own Trading Partner ID. A field will then be provided for your Trading Partner ID.

- Select **Reactivate Trading Partner ID** if you are wanting to reactivate your own inactive Trading Partner ID. A field will then be provided for your Trading Partner ID.

| Trading Partner ID* |
| Software Vendor* ▾ |

⊘ Complete all fields marked with *

Trading Partner ID

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

Valid Trading Partner 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 Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Software Vendor

This is the name of the software vendor you plan to use. Contact your software vendor for this information.

You can locate CEDI approved software vendors on the CEDI website under Approved Entities List.

PC-ACE is the HIPAA compliant software available at no cost from CEDI for creating X12 claims to be submitted to CEDI. PC-ACE does not create claims in the NCPDP format. Select PC-ACE from the drop down list if you would like to download and use this software to create your Durable Medical Equipment (DME) claims.

Note: The PC-ACE software will not be sent to you. It is available as a free download at the following link: https://www.ngscedi.com/pcace

All direct billing software, including PC-ACE, will require a Network Service Vendor to connect with CEDI to exchange transactions. (Network Service Vendors do have an associated cost.)

If your software vendor is not listed, please verify they are approved with CEDI and then select the "Other" option. You will then be able to enter their contact information. If the software vendor is not an approved CEDI entity, the enrollment packet will be rejected.

Authorized Signature

Authorized Billing Service Signature First Name*	Authorized Billing Service Signature Last Name*

Authorized Billing Service Signer's Title*

Authorized Billing Service Signature First Name and Last Name

The person authorized to sign on behalf of the Billing Service will enter their name in the first and last name fields. This will be the owner of the Trading Partner ID.

Authorized Billing Service Signer's Title

Enter the title for the authorized Billing Service signature.

I am a Clearinghouse

Select "Clearinghouse".

Clearinghouse
Select this option if you are a clearinghouse who needs to:

- Obtain a new Trading Partner ID
- Update a Trading Partner ID
- Add transactions to Trading Partner ID

A Clearinghouse transfers or moves CEDI transactions for a Supplier or Billing Service, and generally translates the CEDI transactions from or into a proprietary format. They cannot alter the claim information in any way.

Click Next.

What type of form would you like to complete?

Select "I want to obtain, update or reactivate a Trading Partner ID".

I want to obtain, update or reactivate a Trading Partner ID
Select this option if you want to create a new Trading Partner ID or if you already have one and need to make changes.

Click Next.

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CEDI Registration Form

Clearinghouse Information

Clearinghouse Information

Clearinghouse Name*

Street Address*

City*

State* ▼   ZIP Code*

Primary Contact First Name*   Primary Contact Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

ⓘ Complete all fields marked with *

Clearinghouse Name

Enter the name of the Clearinghouse.

Street Address, City, State, and ZIP Code

This is the physical location/business address for the Clearinghouse.

Primary Contact First Name, Primary Contact Last Name, and Title

This is the person who would be contacted regarding questions related to the enrollment packet and would be authorized to receive information sent by the CEDI Enrollment team. The person's title at the company is placed in the title field.

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Email

The email address entered in this field will be used by CEDI Enrollment to send communication regarding the enrollment packet. Please be sure to use an email address that is frequently checked.

Phone Number

The phone number entered in this field should be for the primary contact and may be used for communication regarding the enrollment packet.

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?

Claim Submission	Payment Remittance Advice
Send ASC X12 837 Medicare claims as a batch file.	Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.
Claim Status & Response	**NCPDP Claims D.0**
Send a Health Care Claim Status (276) file and receive a Health Care Claim Status Response (277) file back.	Send retail pharmacy claims in the NCPDP version D.0 format.

ⓘ Complete all fields marked with *

Transaction types

The following transaction options are available to exchange with CEDI.

- Claim Submission: Health Care Claims (837 v5010A1)
- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)
- Claim Status & Response: Health Care Claim Status Request & Response (276/277 v5010)
- NCPDP Claims D.0

Verify your software vendor supports the file option(s) you select.

Select the type of transactions on the form you are planning to send and/or receive.

NOTE: The NCPDP Claims transaction option can only be used by retail pharmacies; however, retail pharmacies may submit claims in the X12 837 format if they choose. Before you select this transaction, verify with your software vendor you will be submitting NCPDP claims.

Select Transactions

Verify with your software vendor what transactions and version types you need to select.

The transaction options are listed below.

- Claim Submission

Select this transaction if the Trading Partner will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice

Select this transaction if the Trading Partner will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

  - o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

- Claim Status & Response

Select this transaction if the Trading Partner will be exchanging the X12 276/277 electronic claim status inquiry/response transactions.

  - o Verify the software product you will be using supports this transaction.

- NCPDP Claims D.0

Select this transaction if the Trading Partner will be exchanging claims in the NCPDP D.0 format.

Telecommunications Options

Telecommunications - Network Service Vendor

Select the Network Service Vendor (NSV) you will be using for connectivity to CEDI to send and receive files from the drop down list.

The list of NSVs approved for connectivity to CEDI is on the CEDI website under Telecommunications.

Trading Partner Information

Action

- Select **New Trading Partner ID** if you are requesting a new Trading Partner ID.

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Common Electronic Data Interchange Guided Enrollment Process

- Select **Update Trading Partner ID** if you are updating or adding information to your own Trading Partner ID. A field will then be provided for your Trading Partner ID.

- Select **Reactivate Trading Partner ID** if you are wanting to reactivate your own inactive Trading Partner ID. A field will then be provided for your Trading Partner ID.

Trading Partner ID*	
Software Vendor*	▾
	ⓘ Complete all fields marked with *

Trading Partner ID

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

Valid Trading Partner 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 Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Software Vendor

This is the name of the software vendor you plan to use. Contact your software vendor for this information.

You can locate CEDI approved software vendors on the CEDI website under Approved Entities List.

PC-ACE is the HIPAA compliant software available at no cost from CEDI for creating X12 claims to be submitted to CEDI. PC-ACE does not create claims in the NCPDP format. Select PC-ACE from the drop down list if you would like to download and use this software to create your Durable Medical Equipment (DME) claims.

Note: The PC-ACE software will not be sent to you. It is available as a free download at the following link: https://www.ngscedi.com/pcace

All direct billing software, including PC-ACE, will require a Network Service Vendor to connect with CEDI to exchange transactions. (Network Service Vendors do have an associated cost.)

If your software vendor is not listed, please verify they are approved with CEDI and then select the "Other" option. You will then be able to enter their contact information. If the software vendor is not an approved CEDI entity, the enrollment packet will be rejected.

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CEDI \\\

Common Electronic Data Interchange

Authorized Signature

| Authorized Clearinghouse Signature First Name* | Authorized Clearinghouse Signature Last Name* |

| Authorized Clearinghouse Signer's Title* |

Authorized Clearinghouse Signature First Name and Last Name

The person authorized to sign on behalf of the Clearinghouse will enter their name in the first and last name fields. This will be the owner of the Trading Partner ID.

Authorized Clearinghouse Signer's Title

Enter the title for the authorized Clearinghouse signature.

I am a Direct Claim Entry User (CEDI Claims Portal)

Select "Direct Claim Entry User (CEDI Claims Portal)".

Direct Claim Entry User (CEDI Claims Portal)
Select this option if you wish to utilize the CEDI Claims Portal (CCP) and need to:
- Obtain a new Trading Partner ID
- Update a Trading Partner ID
- Add a CEDI Claims Portal user to your Trading Partner ID
- Add transactions to a Trading Partner ID
- Reactivate an inactive Trading Partner ID

The CEDI Claims Portal will allow you to submit electronic claims directly without the need for a Network Service Vendor.

Click Next.

What type of form would you like to complete?

Select "I want to obtain, update or reactivate a CEDI Claims Portal User ID and/or Trading Partner ID".

I want to obtain, update or reactivate a CEDI Claims Portal User ID and/or Trading Partner ID
Select this option if you want to create a new Trading Partner ID, a new User ID, or if you already have one and need to make changes.

Click Next.

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CEDI Registration Form

Supplier Information

Supplier Information

Supplier Name*

Street Address*

City*

State*   ▾   ZIP Code*

User First Name*   User Last Name*

Title*

Email*

Verify Email*

Phone Number*   Extension

ⓘ Complete all fields marked with *

Supplier Name

The Supplier Name must match the Legal Business Name, including punctuation, exactly as it is on file with PECOS.

To verify the Supplier/Provider name, please contact the NPEAST at 1-866-520-5193 or NPWEST at 1-866-238-9652 or access PECOS at https://pecos.cms.hhs.gov/pecos/login.do.

Street Address, City, State, and ZIP Code

This is the physical location/business address for supplier.

User First Name, User Last Name, and Title

This is the person who will be using the CEDI Claims Portal for direct claim entry and submission. The person listed here will be assigned a user ID to log into the CEDI Claims Portal.

The title field should have the person's title at the company.

Each CEDI Claims Portal user must complete a form to receive their own unique user ID. CEDI Claims Portal users must not share user IDs, and/or passwords.

Email

The email address entered in this field will be used by CEDI Enrollment to send communication regarding the enrollment packet. Please be sure to use an email address that is frequently checked.

Phone Number

The phone number entered in this field should be for the primary contact and may be used for communication regarding the enrollment packet.

NPI/PTAN(s) Information

Adding NPIs and PTANs

There are two (2) options for adding NPIs and PTANs.

- **Enter NPI/PTAN** - Manually enter the NPI and PTAN in the NPI and PTAN fields. Select the "Add" button to add them to the form. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

- **Upload an NPI/PTAN File** - Follow the instructions to download, enter, and upload a file with all your NPI/PTANs listed. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

If you enter multiple NPIs/PTANs, they must have the same Supplier Name in PECOS and match what is entered on the form.

Note: If an NPI and PTAN combination is added and then needs to be removed from the form, select the Remove icon to remove it from the list.

NPI

This is the National Provider Identifier (NPI).

- The NPI is a ten (10) 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.

- New third party billers (Billing Services and Clearinghouses) who are requesting a Trading Partner ID will enter "0000000000" (ten zeros) if they do not have established clients.

PTAN

This is the unique Medicare Durable Medical Equipment (DME) supplier number assigned by the National Provider Enrollment Eastern Region (NPEAST) or Western Region (NPWEST).

- The PTAN is a ten (10) digit number

- It can be referred to as the following:

  o Supplier or Provider number

  o Medicare DME DME number

If you are unsure what this number is or need more information about receiving this number, please contact either the NPEAST or the NPWEST:

For NPEAST, verify this information at 866-520-5193 or visit their website at https://www.novitas-solutions.com.

For NPWEST, verify this information at 866-238-9652 or visit their website at https://www.palmettogba.com.

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?	
Claim Submission Send ASC X12 837 Medicare claims as a batch file.	**Payment Remittance Advice** Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.
	⊙ Complete all fields marked with *

Transactions

The following transaction options are available to exchange with the CEDI Claims Portal.

- Claim Submission: Health Care Claims (837 v5010A1)

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Select this transaction if the CEDI Claims Portal User will be sending electronic health care claims to CEDI in the X12 837 Professional format.

- Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)

Select this transaction if the CEDI Claims Portal User will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

  o **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is setup, you will not be able to return to paper remittances.

Select the type of transactions on the form you are planning to send and/or receive.

Trading Partner Information

Trading Partner Information

Action*   ▼

⊙ Complete all fields marked with *

Action

- Select **New Trading Partner ID**

  o Request a new Trading Partner ID.

- Select **Update Trading Partner ID**

  o Updating or adding transactions to your CEDI Claims Portal (CCP) User ID.

  o Adding a CCP User ID

  o Adding an additional CCP User ID

  A field will then be provided for your Trading Partner ID.

- Select **Reactivate Trading Partner ID**

  o Reactivate your own inactive Trading Partner ID.

  A field will then be provided for your Trading Partner ID.

  NOTE: The Trading Partner ID cannot belong to or be used by a Clearinghouse or Billing Service.

Trading Partner ID

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

Valid Trading Partner 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 Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Authorized Signature

DME Authorized Supplier Signature First Name*	DME Authorized Supplier Signature Last Name*
DME Supplier Title*	
Date 2023-11-17	

⊙ Complete all fields marked with *

DME Authorized Supplier Signature First Name and Last Name

The authorized or delegated official will enter their name in the first and last name fields. Enter the name exactly as it appears in PECOS including punctuation. Please do not use initials or nicknames.

PECOS can be accessed at https://pecos.cms.hhs.gov/pecos/login.do to verify how the authorized or delegated official's name is listed.

Important: Clearinghouses, Billing Services and/or other Third Party Entities are NOT ALLOWED to sign enrollment forms and must not submit them on behalf of the supplier.

DME Supplier Title

Enter the title for the authorized or delegated official.

Submitting the Packet

Click the Submit button to submit your enrollment request to CEDI for processing. Once your packet is submitted, a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. This completes the submission process. You will be given the options to Print This Packet, Finish and Exit, or Start New Packet.

a. Print This Packet – This would be for your own reference and the only opportunity to print the packet. The packet is not faxed to CEDI for processing.

b. Finish and Exit – This will return you to the CEDI Home page.

c. Start New Packet – If you wish to submit more than one (1) enrollment packet, this will return you to the beginning of the Guided Enrollment Process to enter information for your next packet.

The PID for your submitted packet will be emailed to your email address submitted on the enrollment packet.

CEDI ERA Information

If the Payment Remittance Advice transaction is requested and the NPI/PTAN does not currently have a CEDI ERA Enrollment Form on file, some additional information will be required to complete your enrollment packet.

Electronic Remittance Advice Information

Electronic Remittance Advice Information

Doing Business As Name (DBA)

Provider Identifiers *

○ Employer Identification Number   ○ Provider Federal Tax Identification Number

Electronic Remittance Advice Information Preference for Aggregation of Remittance Data. (e.g. Account Number Linkage to Provider Identifier)

NPI or Tax ID*   ▾

ERA Effective Date*   📅

ⓘ Complete all fields marked with *

Provider Identifiers

Select either the Federal Tax Identification Number (TIN) or the Employer Identification Number (EIN).

a. Provider Federal Tax Identification Number (TIN)

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.

b. Employer Identification Number (EIN ID)?

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.

An Employer Identification Number (EIN) is also known as a federal tax identification number and is used to identify a business entity.

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

This is the provider preference for grouping (bulking) claim payment remittance advice and must match the preference for EFT payment. This is intended to collect associated numbers (i.e. Tax ID, NPI, TIN, etc.) to enable bundling of ERA receiving entities.

Please note the information in this section will not be validated and is the provider's responsibility for ensuring the information supplied in this section matches the data they supply for their EFT notices.

Select either Provider TIN or NPI from the drop down list.

    a. **Provider Federal Tax Identification Number (TIN)**

       A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.

    b. **National Provider Identifier (NPI)**

       The NPI is a unique identification number for covered healthcare providers.

Requested ERA Effective Date?

This is the date that the provider will receive only electronic remittance advice. The provider will receive both paper and electronic remittances until the selected date. Providers must select a date within 45 days of the date the form is submitted.

Tracking My Enrollment Packet and Checking Status

Once your packet is submitted (See the section on Submitting the Packet), a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. The PID will be sent to the email address provided on the enrollment packet. It will also be listed on the printed packet if you choose to print the packet for your reference. **Note:** The enrollment packet is ***NOT*** faxed to CEDI for processing.

The PID number can be used to check the status of the packet through the online CEDI Enrollment Status Tool 24 hours a day, 7 days a week. The Enrollment Status Tool is available on the CEDI website https://www.ngscedi.com under Self-Service Tools. Status can be checked using the PID or the NPI, PTAN, and date of the online submission. More detailed instructions are provided on the CEDI website.

CEDI Gateway Self-Service Password Portal

As a CEDI Trading Partner or CEDI Claims Portal User, you will be able to use the CEDI Gateway Self-Service Password Portal located on the CEDI website. This provides a simple and secure web-based process for CEDI Trading Partners to change/reset their password and is available 24 hours a day, 7 days a week.

For your initial setup, access the CEDI Gateway Self-Service Password Portal on our CEDI website https://www.ngscedi.com and enter your security information. This security information is used for changing and resetting your password if it is lost or forgotten.

The Password Portal and Instructions are available on the CEDI website. From the Home page, click on the Gateway Self-Service Password Portal.

If you have any questions, contact the CEDI Help Desk at 866-311-9184 or via email at ngs.cedihelpdesk@anthem.com.