



Centers for Medicare & Medicaid Services (CMS)
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Standard Companion Guide
Health Care Claim Payment/Advice (835)

Based on ASC X12N Technical Report Type 3 (TR3), Version
005010X221A1

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Disclosure Statement

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

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Preface

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

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

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

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1 Introduction

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

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

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

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

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

- Chapter 22 - Remittance Advice can be accessed at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf>.
- Chapter 24 - General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf>.

1.1 Scope

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

This CG provides technical and connectivity specification for the 835 Health Care Claim Payment/Advice transaction Version 005010X221A1.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 835 transaction 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, Trading Partner services and applicable websites.
- **Control Segments/Envelopes**: This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- **Specific Business Rules and Limitations**: This section contains Medicare business rules and limitations specific to the ASC X12N 835.
- **Acknowledgments and Reports**: This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- **Trading Partner Agreement**: This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- **Transaction Specific Information**: This section describes the specific Centers for Medicare and Medicaid Services (CMS) requirements over and above the information in the ASC X12N 835 TR3.

1.3 References

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

Table 1 – EDI Transactions and Code List References

Resource	Web Address
ASC X12N TR3s	http://store.x12.org/store/
Washington Publishing Company Health Care Code Lists	http://wpc-edi.com/Reference/

1.4 Additional Information

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

Table 2 – Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/
CAQH CORE Operating Rules	https://www.caqh.org/core/operating-rules
CEDI Web site	https://www.ngscedi.com

2 Getting Started

2.1 Working Together

National Government Services, Inc. Common Electronic Data Interchange (CEDI) is dedicated to providing communication channels to ensure communication remains constant and efficient. CEDI has several options to assist the community with their electronic data exchange needs. By using any of these methods, 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. Email is also accepted as a method of communicating with CEDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any protected health information (PHI) to ensure security is maintained. In addition to the CEDI help desk and email access, see Section 5 for additional contact information.

CEDI also has several external communication components in place to reach out to the Trading Partner community. CEDI posts all critical updates, system issues, and EDI-specific billing material to their website, <https://www.ngscedi.com>. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. CEDI also distributes EDI-pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website as it becomes available. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for CEDI’s distribution list:

<https://www.ngscedi.com/listserv/subscribe.htm>.

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

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

To enroll for exchanging transactions with CEDI, complete the on-line enrollment forms located on the CEDI Web site, <https://www.ngscedi.com/>.

- CEDI Enrollment Agreement Form: Used to enroll in electronic claim transmission.
- CEDI Trading Partner 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.
- CEDI Supplier Authorization Form: Used to authorize a third-party biller or clearinghouse to send the electronic claims for the supplier.
- CEDI ERA Enrollment Form: Allows a provider to receive ERA from the Common Electronic Data Interchange (CEDI). Enrolls both the NPI and PTAN for Electronic Remittance Advice (ERA). This form is required for new ERA enrollments and changes to an existing ERA setup if the form is not on file with CEDI.

CEDI enrollment documents are completed and submitted on-line. CEDI enrollment forms do not need to be faxed. Submitted enrollment forms will be issued Packet ID (PID) numbers which will be assigned once the enrollment packet is submitted electronically. The PID will also be emailed to the email address provided on the enrollment packet. The PID number can be used to track the submitted enrollment packet.

When a CEDI enrollment packet is submitted, an acknowledgment email will be generated and sent back to the email address entered on the packet. Once the request has been approved and processed, a setup confirmation

will be sent via email. The Trading Partner/submitter must contact the CEDI Help Desk by telephone to obtain their initial password.

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

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

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

A provider must obtain an NPI and furnish that NPI to CEDI prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. CEDI is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact the appropriate MACs enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for Durable Medical Equipment [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 an electronic signature and the provider would be liable for any improper usage or illegal action performed with it. 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, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify CEDI which third party agents they will be using on their EDI Enrollment form.

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

Additional third-party billing information can be found at <https://www.ngscedi.com/>. The third party agreement form can be found at <https://enroll.ngscedi.com/enrollment>.

The providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. 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 CEDI. For a complete reference to security requirements, see Section 4.4.

2.3 Trading Partner Certification and Testing Process

CEDI does not require testing of the ASC X12N 835 Health Care Claim Remittance Advice transactions. However, the ability to exchange ASC X12N 835 transactions is dependent on successful testing of ASC X12N 837P electronic claims. Refer to the 837P CG for testing requirements for electronic claims. Testing of the 835 transaction is recommended. For more information, contact the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or by calling 866-311-9184.

3 Testing and Certification Requirements

CEDI does not require testing of the ASC X12N 835 Health Care Claim Remittance Advice transactions; however, testing is recommended. For more information regarding ASC X12N 835 testing, contact the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or by calling 866-311-9184.

4 Connectivity / Communications

4.1 Process Flows

The following diagrams show how the ANSI ASC X12 835 ERA transactions flow out of CEDI.

CEDI offers two Gateways for connectivity. All CEDI Trading Partners must use a Network Service Vendor (NSV) to connect to the CEDI secure File Transfer Protocol (sFTP) Gateway. NSVs provide a secure, continuous connection for CEDI Trading Partners. The NSVs who provide connectivity to CEDI are listed on the CEDI Web site.

The CEDI sFTP Gateway supports connections via NSVs and can be used for all CEDI supported transactions and uses Login ID and Password for authentication.

The CEDI Internet Gateway supports Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE)-compliant exchanges of the 276/277 Claim Status Request/Response and 835 ERA transactions. ASC X12 837P claim transactions sent through the CEDI Internet Gateway will be rejected. This Gateway uses X.509 Certificates for authentication. Refer to Section 4.3 of this CG for more information.

CEDI Transaction Flow - 5010A1 835 ERA CEDI sFTP Gateway OR Internet Gateway

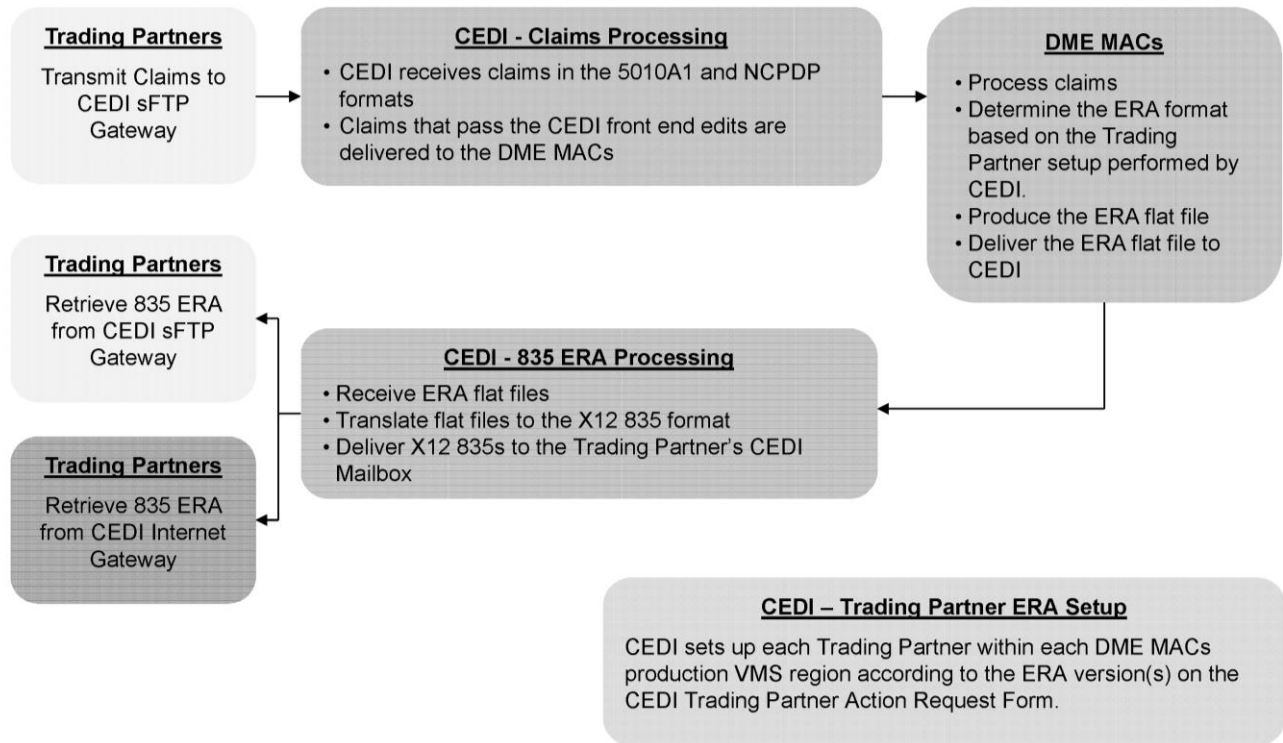


Figure 1 – CEDI Transaction Flow (835)

4.2 Transmission

CEDI offers two Gateways for connectivity – the CEDI Secure File Transfer Protocol (sFTP) Gateway and CEDI Internet Gateway. Refer to Section 4.3 in this CG for more information.

4.2.1 Re-transmission Procedures

A Trading Partner’s 835 will remain in the Trading Partner’s CEDI mailbox for 45 days during which time it can be set for the Trading Partner to re-download.

4.3 Communication Protocol Specifications

The CEDI sFTP Gateway can be used for all transactions – ASC X12 837 claims, NCPDP claims, ASC X12 276/277 Claim Status Request/Claim Status Response, ASC X12 835 Electronic Remittance Advice, and the associated response transactions and reports. CEDI Trading Partners must use a Network Service Vendor (NSV) to connect to the CEDI sFTP Gateway using their CEDI-assigned ID and password. NSVs provide a secure, continuous connection for CEDI Trading Partners. To view the list of NSVs who provide connectivity

to CEDI and obtain additional information on the services and pricing they offer, please use the contact information on the Telecommunications page of CEDI Web site: <https://www.ngscedi.com>.

The CEDI Internet Gateway supports CAQH CORE compliant exchanges of the 276/277 Claim Status Request/Response transactions using Hyper Text Transfer Protocol + Multipurpose Internet Mail Extensions (HTTP+MIME) or Simple Object Access Protocol + Web Services Description Language (SOAP+WSDL) Message Envelope Standards and X.509 Certificates for authentication. NOTE: The CEDI Internet Gateway does not support the following transactions: ASC X12 837 Claims, NCPDP Claims or real time 276/277 Claim Status Request/Response and the CEDI Internet Gateway will reject these transactions.

CAQH CORE Phase I, II, & III Operating Rules and communication protocol specifications are located on the CAQH CORE website <https://www.caqh.org/core/operating-rules>.

CEDI Trading Partners have one mailbox for all their inbound and outbound CEDI transactions and are not restricted to using only the sFTP or only the Internet Gateway for their 276/277 transactions. Both Gateways are merely methods of accessing the Trading Partner's CEDI mailbox to send and retrieve transactions. For example, it is possible to retrieve TA1, 999, & 277 Claim Status Responses via the Internet Gateway for 276 Claim Status Requests that were originally submitted via the sFTP Gateway and vice versa depending on the commands used upon connection.

Trading Partners who elect to use the CEDI Internet Gateway for the 276/277 transactions are required to obtain an X.509 Certificate to be used for the authentication process. To upload the X.509 Certificate, the Trading Partner will connect and login to the sFTP Gateway using their CEDI assigned login ID and password. CEDI will return a Transaction Acknowledgement Report (TRN) indicating if the X.509 Certificate was accepted or rejected by CEDI. If the Certificate is rejected, the Trading Partner must correct the errors and resubmit the Certificate before they can begin using the CEDI Internet Gateway. When the X.509 Certificate is accepted, the Trading Partner is approved to use the CEDI Internet Gateway.

Trading Partners must submit a new X.509 Certificate to CEDI using the same process as above prior to the expiration of their current Certificate or if their current Certificate has been compromised.

For HTTP+MIME connections to the CEDI Internet Gateway, use the URL:
<https://cedisw.ngscedi.com/CoreBatchGateway/TransactionSocketServlet>

For SOAP+WSDL connections to the CEDI Internet Gateway, use the URL:
<https://cedisw.ngscedi.com/CoreBatchGateway/soap/coreservice>

The Telecommunications page of the CEDI Website (www.ngscedi.com/Telecommunications) provides additional information regarding the two CEDI Gateways, a listing of the CEDI-approved NSVs for connection to the CEDI sFTP Gateway, and a listing of the CEDI-approved Certificate Authorities for issuance of the X.509 Certificates to access the CEDI Internet Gateway.

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. CEDI is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS. Additional information can be found at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/CIO-Directives-and-Policies/CIO-IT-Policy-Library-Items/STANDARD-ARS-Acceptable-Risk-Safeguards.html>.

EDI transactions submitted by unauthorized Trading Partners will not be accepted by CEDI. Trading Partners must enroll with CEDI to obtain a Trading Partner identification number and must contact the CEDI Help Desk by telephone to obtain their initial password (refer to Section 2.2). The Trading Partner will be prompted to change the initial password at the time of the first connection to CEDI. Trading Partners must protect password privacy by limiting knowledge of the password to key personnel and changing the password when there are changes to personnel.

Passwords will expire every 60 days, and thus required to be changed at least every 60 days but may be changed more frequently at the discretion of the Trading Partner. CEDI offers a self-service password reset portal to aide in the process of resetting passwords.

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.

Passwords will expire every sixty days.

The following basic guidelines should help when creating a password:

DO

- Must be exactly eight (8) characters in length
- Must contain both alphabetic and numeric characters in the password
- Must contain at least 1 uppercase and 1 lowercase letter
- Must contain a special character; for example: ! \$ %
- Passwords are case sensitive
- Must contain a minimum of four (4) characters different than the previous password
- Must be different than the last nine (9) passwords

DON'T

- Do not use English defined words
- 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 reuse your password
- Do not store your password in scripts, files, or applications unless compensating controls are in place
- Do not use any form of date such as month, day, year, etc.

X.509 Certificates

X.509 Certificates are used for exchanging transactions through the CEDI Internet Gateway (refer to Section 4.3 for additional information). The CEDI website includes a list of the CEDI approved Certificate Authorities for exchange of CAQH CORE compliant ASC X12 276/277 Claim Status Request/Claim Status Response (including associated TA1 and 999 acknowledgments).

Only three active X.509 certificates will be accommodated within CEDI for any one Trading Partner. A new X.509 certificate must be submitted to CEDI prior to an older certificate's expiration in order to avoid interruption in ability to use the Internet Gateway. X.509 Certificates must not be valid for more than three years.

5 Contact Information

5.1 EDI Customer Service

For CEDI customer service, contact the CEDI Help Desk:

- Phone: 866-311-9184
- Email: ngs.cedihelpdesk@anthem.com
- Fax: (not available)
- 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 on closures and holidays is available on the CEDI Web site at: [www.ngscedi.com/Important Events](http://www.ngscedi.com/ImportantEvents).

5.2 EDI Technical Assistance

For CEDI technical support, contact the CEDI Help Desk:

- Phone: 866-311-9184
- Email: ngs.cedihelpdesk@anthem.com
- Fax: (not available)
- 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 on closures and holidays is available on the CEDI Web site at: [www.ngscedi.com/Important Events](http://www.ngscedi.com/ImportantEvents).

5.3 Trading Partner Service Number

All CEDI Trading Partner services are accommodated by contacting the CEDI Help Desk:

- Phone: 866-311-9184
- Email: [www.ngscedi.com/Important Events](http://www.ngscedi.com/ImportantEvents).

Questions regarding the exchange of the ASC X12N 276/277 claim status/response transactions, and technical support for those transactions are addressed by the CEDI Help Desk.

Questions regarding the actual claim status content (i.e. pending, paid, etc.) are addressed by the DME MAC that processed the claim:

- **Jurisdiction A – Noridian Healthcare Solutions**
 - Noridian Healthcare Solutions supports the following states: CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT
 - Customer Service and IVR: 866-419-9458
 - Web site: <https://med.noridianmedicare.com/web/jadme>
- **Jurisdiction B – CGS Administrators LLC**
 - CGS Administrators LLC 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: <https://www.cgsmedicare.com/jb>
- **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: <https://www.cgsmedicare.com/jc>

- **Jurisdiction D – Noridian Healthcare Solutions**

- 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://med.noridianmedicare.com/web/jddme/>

Questions regarding assigning the National Provider Identifier (NPI) are addressed by the National Plan & Provider Enumeration System (NPPES):

- Phone: 800-465-3203
- Email: customerservice@npienumerator.com
- Web site: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Questions regarding the assignment of the DME PTAN are addressed by the National Supplier Clearinghouse (NSC):

- Phone: 866-238-9652
- Email: Visit <https://palmettogba.com/nsc> and select the E- mail option
- Web site: <https://palmettogba.com/nsc>

Question regarding the proper use of the Healthcare Common Procedure Coding System (HCPCS) are addressed by the Pricing, Data Analysis and Coding (PDAC):

- Phone: 877-735-1326
- Email: Visit [https://www.dmepdac.com/palmetto/PDAC.nsf/Ad/Contact Us](https://www.dmepdac.com/palmetto/PDAC.nsf/Ad/Contact%20Us) and select the “Contact Us” option
- Web site: <https://www.dmepdac.com/>

Questions regarding the Medicare provider and supplier enrollment process capturing the provider/supplier information from the CMS-855 family of forms and creating the NPI crosswalk entries are addressed by the PECOS:

- Phone: 866-484-8049
- Website: <https://pecos.cms.hhs.gov/pecos/login.do>

5.4 Applicable Websites / Email

See sections 5.1, 5.2, 5.3 for applicable web site/email information.

6 Control Segments / Envelopes

Enveloping information must be as follows:

Table 3 – Control Segments / Envelope Requirements

Page #	Element	Name	Codes/Content	Notes/Comments
	ISA	Interchange Control Header		
C.4	ISA01	Authorization Information Qualifier	00	Medicare will send “00”.
C.4	ISA02	Authorization Information		Medicare will send 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send “00”.
C.4	ISA04	Security Information		Medicare will send spaces.
C.4	ISA05	Interchange Sender ID Qualifier	27, 28, ZZ	Medicare will send “27”.
C.4	ISA06	Interchange Sender ID	16013, 17013, 18003, 19003	DME MAC contractor ID: DME MAC JA: 16013 DME MAC JB: 17013 DME MAC JC: 18003 DME MAC JD: 19003
C.5	ISA07	Interchange ID Qualifier	29	Medicare will send “29”.
C.5	ISA08	Interchange Receiver ID		CEDI-assigned Trading Partner/Submitter ID.
C.5	ISA11	Repetition Separator		CEDI repetition separator character.
C.6	ISA14	Acknowledgement Requested	0	Medicare will send “0”.
	GS	Functional Group Header		

Page #	Element	Name	Codes/Content	Notes/Comments
C.7	GS02	Application Sender Code	16013, 17013, 18003, 19003	DME MAC contractor ID: DME MAC JA: 16013 DME MAC JB: 17013 DME MAC JC: 18003 DME MAC JD: 19003
C.7	GS03	Application Receiver Code		Trading Partner / Receiver ID assigned by CEDI.
C.8	GS08	Version Identifier Code	005010X221A1	

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

6.1 ISA-IEA

Delimiters – Inbound Transactions

Not applicable.

Delimiters – Outbound Transactions

The CEDI-defined delimiters listed in the table below will be returned on the X12 835 Remittance Advice retrieved from CEDI. Note that these characters will not be used in data elements within an ISA/IEA Interchange.

Table 4 - CEDI Delimiters

Delimiter	Character Used	Name
Data Element Separator	*	Asterisk
Repetition Separator	^	Carat
Component Element Separator	:	Colon
Segment Terminator	~	Tilde

Data Element Detail and Explanation

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

6.2 GS-GE

Functional group (GS-GE) codes are transaction-specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 3.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

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

7.1 General Notes

A provider may enroll with CEDI to submit claims under one Trading Partner ID and receive their 835 under a different Trading Partner ID.

Providers enrolling with CEDI for the Medicare DME 835 can select only one Trading Partner to receive their 835.

7.2 General Transaction Notes

CEDI will return the electronic remittance advice in the ASC X12 835 format regardless of the method with which the claim was submitted (ASC X12 837P, NCPDP D.0 or paper).

7.3 Medicare Specific Business Rules

Within the messaging envelope for HTTP+MIME or SOAP+WSDL for transactions submitted to the CEDI Internet Gateway, the “Sender ID” field must be populated with the CEDI assigned Trading Partner ID. The “Receiver ID” field must be populated with “NGSCEDI”. For transactions sent from CEDI, the “Sender ID” field will be populated with “NGSCEDI” and the “Receiver ID” field will be populated with the CEDI assigned Trading Partner ID

Table 5 – Detail Structures Business Rules and Limitations

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
111	2000	LX	LX - Header Number		Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYMM - Facility Code/Year/Month. MCS uses "1" for assigned and "0" for non-assigned.
171	2100	REF	Rendering Provider Identification		Segment not used by Medicare.
206	2110	REF	Service Identification – Reference Identification Qualifier	LU, 1S, APC, RB	Medicare does not use "BB", "E9", "G1", or "G3".
207	2110	REF	Rendering Provider Information - Reference Identification Qualifier	HPI, SY, TJ, 1C	Medicare does not use REF01 Codes "0B", "1A", "1B", "1D", "1H", "1J", "D3" or "G2".
209	2110	REF	Health Care Policy Identification	OK	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.
140	2100	NM1	Insured Name		Segment not used by Medicare.

8 Acknowledgments and Reports

8.1 999 Implementation Acknowledgment

CEDI has the ability to receive inbound ASC X12 999 acknowledgement transactions from Trading Partners via the CEDI Internet Gateway only. However, CEDI will not monitor for receipt of a 999 submitted by a Trading Partner. If a Trading Partner has an issue with an outbound file they have retrieved from CEDI, they are advised to contact the CEDI Help Desk.

9 Trading Partner Agreement

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

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with CEDI. This agreement can be found on the CEDI Web site, <https://www.ngscedi.com>.

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

10 Transaction-Specific Information

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

10.1 Header

The following table contains specific details for the Header.

Table 6 – Header Specific Requirements

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

10.1.1 Loop 1000A Payer Identification

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

Table 7 – Loop 1000A Payer Identification

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
	1000A	REF	Additional Payer Identifier		
92	1000A	REF01	Reference Identification Qualifier	2U	Medicare will send 2U.
93	1000A	REF02	Reference Identification	16013, 17013, 18003, 19003	DME MAC contractor ID: DME MAC JA: 16013 DME MAC JB: 17013 DME MAC JC: 18003 DME MAC JD: 19003

10.1.2 Loop 1000B Payee Identification

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

Table 8 – Loop 1000B Payee Identification

Loop ID	Notes/Comments
1000B	The Payee Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2 Detail Structures

This section describes the specific details associated with Detail Structures.

10.2.1 Loop 2000 Header Number

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

Table 9 – Loop 2000 Header Number

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

10.2.2 Loop 2100 Claim Payment Information

The following table describes the specific details associated with the Claim Payment Information structure.

Table 10 – Loop 2100 Claim Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100	CLP	Claim Payment Information			
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 19, 20, 21, 22, 23	2	“25” (Predetermination Pricing Only - No Payment) does not apply to Medicare.
126	2100	CLP06	Claim Filing Indicator Code	MA, MB	2	Medicare will send “MA” for Part A. Medicare will send “MB” for Part B and DME.
	2100	CAS	Claim Adjustment			
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.
140	2100	NM1	Insured Name			Segment not used by Medicare.
	2100	NM1	Patient Name			
148	2100	NM108	Identification Code Qualifier	MI	2	Use “MI”.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100	NM1	Crossover Carrier Name			COB transmissions with more than one secondary payer should indicate remark code “N89” in a claim level remark code data element.
151	2100	NM108	Identification Code Qualifier	PI, XV	2	“AD”, “FI”, “NI”, and “PP” do not apply to Medicare.
	2100	REF				
169	2100	REF01	Reference Identification Qualifier	28, 6P, EA, F8	2	Medicare does not use “1L”, “1W”, “9A”, “9C”, “BB”, “CE”, “G1”, “G3”, or “IG”.
171	2100	REF	Rendering Provider Information			Segment not used by Medicare.
	2100	AMT				
182	2100	AMT01	Amount Qualifier Code	AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	3	Medicare does not use “D8”, “T” or “T2”.
	2100	QTY	Claim Supplement Information Quantity			
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	2	Medicare does not use “LE”, “NE”, “NR”, “PS”, or “VS”.

10.2.3 Loop 2110 Service Payment Information

The following table describes the specific details associated with the Service Payment Information structure.

Table 11 – Loop 2110 Service Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2110	SVC	Service Payment Information			
187	2110	SVC01-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.
191	2110	SVC06-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only “HC”, “NU”, “N4”, and “HP” apply to Medicare.
	2110	CAS	Service Adjustment			
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.
	2110	AMT				
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use “T” or “T2”.
	2110	LQ	Health Care Remark Codes			
215	2110	LQ01	Code List Qualifier Code	HE	3	Only “HE” applies to Medicare.

10.3 Summary

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

Table 12 – Summary Specific Requirements

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

11 Appendices

11.1 Implementation Checklist

Vendors and In-House Programmers

- Obtain the ASC X12 TR3 and the Washington Publishing Company Health Care Code Sets listed under Section 1.3 EDI Transactions and Code Set References (Table 1).
- Obtain additional resource materials as needed listed under Section 1.4 Additional EDI Resources (Table 2).
- Successfully test ASC X12 837P version 5010A1 claims by following Section 2.3 Trading Partner Certification and Testing Process in the CEDI ASC X12 837P CG.

11.2 Transmission Examples

The 835 remittance data content is generated from the DME MAC processing system. CEDI translates the data into the standard ASC X12 835 file format and delivers it to the CEDI Trading Partner’s mailbox for retrieval.

Following is an example of an 835 ERA file returned to the Trading Partner by CEDI.

```
ISA*00*      *00*      *27*17013      *29*B08XXXXXX      *190124*1022*^*00501*000000001*0*P*::~
```

GS*HP*17013*B08XXXXXX*20190124*10222270*1*X*005010X221A1~
 ST*835*0001~BPR*I*72.59*C*CHK*****20180409~
 TRN*1*00000004192*1351840597~
 REF*EV*B08XXXXXX~
 DTM*405*20181001~
 N1*PR*CGS – DME MAC JURISDICTION B~
 N3*P O BOX 20013~
 N4*NASHVILLE*TN*372020013~
 REF*2U*17013~
 PER*CX*JB CUSTOMER CARE*TE*8665906727~
 PER*BL*CEDI HELP DESK*TE*8663119184~N1*PE*ED MEDICAL, INC.*XX*1234567893~
 N3*444 ANY ROAD*# A~
 N4*CITY*TN*370753495~REF*TJ*621471285~
 LX*1~
 CLP*TC15*1*100*73.42*18.35*MB*11069900033000*12*1~
 NM1*QC*1*BENETEST*LOUIS*P***MI*#####~MOA***MA01~
 DTM*050*20181002~
 SVC*HC:E0650:RR*100*73.42**1~
 DTM*472*20181002~
 CAS*PR*2*18.35~
 CAS*CO*45*8.23~
 REF*LU*12~
 REF*6R*001H000000008702282011~
 AMT*B6*91.77~
 CLP*TC 9*1*450*150.88*37.72*MB*11069900039000*12*1~
 NM1*QC*1*BENETEST*CECIL****MI*#####~
 NM1*82*1*BENETEST*CECIL****FI*123456789~
 MOA***MA01~
 REF*EA*12345~
 DTM*050*20181022~
 SVC*HC:K0801:RR:KX:CC*450*150.88**1~
 DTM*472*20181002~
 CAS*PR*2*37.72~
 CAS*CO*45*261.4~
 REF*LU*12~
 REF*6R*001H000000008302282011~
 AMT*B6*188.6~
 PLB*1912994625*20111231*FB:11172788505001 123456789A*56.39*90:11103752024001
 123456789B*95.32~
 SE*42*0001~
 ST*835*0002~
 BPR*H*O*C*NON*****20180409~
 TRN*1*10993AA0031SYS*1351840597~
 REF*EV*B08XXXXXX~

DTM*405*20181002~
 N1*PR*CGS – DME MAC JURISDICTION B~
 N3*P O BOX 20013~
 N4*NASHVILLE*TN*372020013~
 REF*2U*17013~
 PER*CX*JB CUSTOMER CARE*TE*8665906727~
 PER*BL*CEDI HELP DESK*TE*8663119184~
 N1*PE*QUAD CNTY HME MED EQUIP*XX*1740306885~
 N3*555 ANY ROAD~
 N4*CITY*IL*625571716~
 REF*TJ*371198049~
 LX*1~
 CLP*TC 35*4*300*0**MB*11069900041000*12*1~
 NM1*QC*1*BENETEST2*KATHERINE*Q***MI*#####~
 MOA***MA13*MA01~
 DTM*050*20181001~
 SVC*HC:E1390:RR:QF:CC*250*0**0**1~
 DTM*472*20181101~
 CAS*CO*176*250~
 REF*LU*12~
 REF*6R*001H000000010002282011~
 SVC*HC:E0431:RR*50*0**0**1~
 DTM*472*20181201~
 CAS*CO*176*50~
 REF*LU*12~
 REF*6R*002H000000010912072010~
 SE*31*0002~
 GE*2*1~
 IEA*1*000000001~

11.3 Frequently Asked Questions

Frequently asked questions can be accessed at: <https://www.ngscedi.com> by selecting the resource link for “FAQs”.

11.4 Acronym Listing

Table 13 – Acronym List

Acronym	Definition
276/277	276/277 Claim Status Request/Response transaction
277CA	277 Claim Acknowledgement
835	835 Electronic Remittance Advice transaction

Acronym	Definition
837P	837 Professional Claims transaction
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
DFI	Depository Financial Institution
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
NSV	Network Service Vendor
PDAC	Pricing, Data Analysis and Coding
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
PID	Packet ID
PTAN	Provider Transaction Access Number
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer

Acronym	Definition
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
TRN	Technical Release Note
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See: http://www.x12.org/)
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table contains version information of this CG.

Table 14 – Companion Guide Version History

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1 st Publication Version
3.0	April 2011	6.0	2 nd Publication Version
4.0	September 2015	All	3 rd Publication Version
5.0	March 2019	All	4 th Publication Version