



This Guide provides information for using the CEDI Claims Portal (CCP). The CCP provides a web based claim entry option for Medicare Durable Medical Equipment (DME) suppliers to submit HIPAA compliant ANSI X12 837 claims and download the X12 835 electronic remittance advice (ERA) without the use of a Network Service Vendor (NSV) and without purchasing DME claim submission software.

Each CCP user must enroll and be assigned a unique User ID for submitting claims and/or receiving ERA. Enrollment forms are located on the CEDI Web site www.ngscedi.com under Enrollment.

NOTE: The X12 835 ERA provided through the CCP will require software to translate, read, and print the file. CMS offers the free Medicare Remit Easy Print program available for download through the link on the CEDI Web site at www.ngscedi.com/mrep.

If you have additional questions or need assistance with CEDI Claims Portal, please contact the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or at 866-311-9184.



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Log In

To log in to the CCP, enter your **Username** and **Password** and select **Login**.

If your password has expired, the prompt below will display to change your password.

Enter your current password, a new password, and confirm your new password. Then select **Apply**.

Change Password

Current Password	<input type="text"/>
New Password	<input type="text"/>
Confirm New Password	<input type="text"/>

Apply

Password Requirements:

Your password will expire every 60 days and must then be changed with a new password using the requirements listed below.

- Passwords must be eight (8) characters in length; no more and no less.
- Passwords must contain a combination of numbers and alpha characters.



- Passwords must include at least 1 uppercase and 1 lowercase letter; case sensitive.
- Passwords must contain a special character; for example @, #, \$
- Passwords cannot contain dictionary words.
- Passwords must contain a minimum of four (4) characters different than the previous password.
- Passwords must be different than the last nine (9) passwords.
- Passwords cannot be changed more than once within a rolling 24 hour period. If a password needs to be reset more than once within a rolling 24 hour period, please contact the CEDI Help Desk at 866-311-9184 for assistance.
- After three (3) incorrect login attempts, the account will be locked. Please contact the CEDI Help Desk at 866-311-9184 to have your password reset.
- Passwords must not be stored in scripts, files, or applications unless compensating controls are in place.

The Centers for Medicare and Medicaid Services (CMS) information security policy strictly prohibits the sharing or loaning of Medicare assigned IDs and passwords. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access or VDC RACF user access.

If you feel your ID has been compromised, please contact the CEDI Help Desk at 866-311-9184 immediately so we can assist you in taking proper measures to secure a new Trading Partner ID or CEDI Claims Portal User ID and password.

Menu Options



File Status And Reports

Professional Claims
DDE

The Professional Claims DDE module is used to enter and submit claims, and includes all information needed to resolve submission errors.

The File Status and Reports module is another option for viewing reports related to your claim submissions. This option will also allow you to download your electronic remittance advice (ERA) if you have completed enrollment to receive your ERA through the CEDI Claims Portal (CCP).

Professional Claims DDE Dashboard

Selecting the Professional Claims DDE menu option takes you to the Dashboard to enter and manage claim information as well as maintain information related to your payers, patients, and providers.

DDE Claims

Search Claims: Search claims previously entered within the CEDI Claims Portal.

Start New Claim: Enter a new claim

Provider List: Enter and maintain billing provider information. Provider information can be established prior to entering a new claim or entered when starting a new claim.

Patient List: Enter and maintain patient information prior to starting a claim. Patient information can be entered prior to establishing a new claim or entered directly when starting a new claim.

Payer List: Enter and maintain payer information. Payer data must be established prior to entering a new claim.

Claims in Progress

This section of the Dashboard will list all claims associated with your Trading Partner organization that are in progress within the CEDI Claims Portal (CCP) but have not yet been submitted. If your Trading Partner organization has multiple authorized CCP users, all claims in progress for your Trading Partner organization will be listed – regardless of the User who entered the claim data. Claims listed here will each have a unique Claim ID number that stays with the claim throughout the submission process. NOTE: This number is NOT the same as the Claim Control Number (CCN) assigned to accepted claims.

A Claim ID number must be assigned to be considered a Claim in Progress. Claims that are started by selecting the Patient and Payer but do not reach the point of entering data on the Claim Data screen, will not be saved or listed as a Claim in Progress.

Claims in Progress

Choose a claim below to continue data entry or to download a 1500 form.

Patient Name	Entry Date	Claim ID	Actions
			View All In Progress

Under Actions:

- Select **Edit** to continue entering information on the claim before submitting the claim.
- Select **Review** to review what information has been entered on the claim and determine if there are any online entry errors. Once in review, you can edit the claim to add more information or submit the claim if information is complete. You can also download the claim data to the CMS-1500 claim form format and print.
- Select **Delete** if the claim is no longer needed and will not be submitted.

Select **View All in Progress** to see all claims in the “In Progress” status.

Search Claims can also be used to find a specific claim in progress by entering the Claim ID, claim entry date, or patient name.

Submitted Claims

This section of the Dashboard will list all claims associated with your Trading Partner organization which have been submitted.



Submitted Claims

Choose a claim below to view more details.

Patient Name	Entry Date	Num. Entries	Claim ID	Actions
<input type="button" value="View All Submitted"/> <input type="button" value="View All Accepted"/> <input type="button" value="View All Failed"/>				

- **View All Submitted** will list all submitted claims associated to your Trading Partner organization – regardless of whether they were accepted or rejected with errors. Refer to the “*Verify Submission*” section of this document for more information.
- **View All Accepted** will show only accepted claims. Refer to the “*Verify Submission*” section of this document for more information.
- **View All Failed** will show only claims with submission errors. These claims will need to be corrected before the claim can be resubmitted. Refer to the “*Verify Submission*” section of this document for more information.

NOTE: If your Trading Partner organization has multiple authorized CCP users, any claims for your Trading Partner organization will be listed in these views – regardless of the User who submitted the claim.

Search Claims can also be used to find a specific submitted claim by entering the Claim ID, claim entry date, or patient name.

Payer List

DME MAC Jurisdiction payers, secondary payers, as well as payers considered primary to Medicare can be added and edited using the Payer List. Payer data must be established prior to establishing Providers and entering a new claim.



Payer List

Payer Records

Select an existing payer from the list below. Choose "New Payer" if the payer does not yet exist.

Search

To search enter Payer name only. Press enter to begin search.

Payer

Name	Plan ID	Payer ID	Actions
DME MAC JURISDICTION A		16013	Edit Delete
DME MAC JURISDICTION B		17013	Edit Delete
DME MAC JURISDICTION C		18003	Edit Delete
DME MAC JURISDICTION D		19003	Edit Delete

- Select **New Payer** to add a Payer to the list.
- Select **Edit** under Actions when information related to the Payer needs to be updated.
- Select **Delete** under Actions if the Payer will no longer be used.
- Select **Dashboard** to return to the DDE Claims Dashboard.

If the payer is not listed, select **New Payer** and the Editing Payer screen will display.

Complete the required fields for the Payer.

Editing Payer

Name: *

Plan ID / Identification (*Must have Plan ID and/or Identification)

Plan ID:
(currently unavailable)

Identification (Payer number): *

Address

Street: *

Street 2:

City: *

State: *

Postal Code: *
Format is 12345 or 12345-8789

Country: United States of America *



Name: This is the name of the Payer. The DME MAC Jurisdiction names are listed below.

- DME MAC JURISDICTION A
- DME MAC JURISDICTION B
- DME MAC JURISDICTION C
- DME MAC JURISDICTION D

Identification (Payer number): This is the Payer's ID number. The DME MAC Jurisdiction Payer IDs are listed below. For all other payers, contact the payer for their Payer ID. If you are unable to locate the Payer ID, you can use a gap fill code of XXXXX.

- DME MAC JURISDICTION A = 16013
- DME MAC JURISDICTION B = 17013
- DME MAC JURISDICTION C = 18003
- DME MAC JURISDICTION D = 19003

Address: Enter the address for the Payer. The DME MAC Jurisdiction addresses are listed below.

- DME MAC JURISDICTION A
PO BOX 6780
Fargo, ND 58108
- DME MAC JURISDICTION B
PO BOX 20013
Nashville, TN 37202
- DME MAC JURISDICTION C
PO BOX 20010
Nashville, TN 37202
- DME MAC JURISDICTION D
PO BOX 6727
Fargo, ND 58108

Click **Save**.

Patient List

Patient information can be managed in the Patient List. New patients can be added prior to beginning a claim or upon entering a new claim. Patient information can be updated using the Edit feature.

Use **Search** to search for previously entered patients.



NOTE: To search, enter the patient's last name only and press "Enter". Additional search filters are available once a search is initiated.

Previously entered patients are listed below the Search field.

- Use **Edit** if a patient's information needs to be updated.
- Use **Delete** if you want to remove the patient from your list.
- Use **New Patient** to enter a new patient's information. This will bring up the Editing Patient screen.

Editing Patient

Dashboard
Save

Account ID	<input type="text" value=""/>	*
Name	First <input type="text" value=""/> * Middle <input type="text" value=""/> Last <input type="text" value=""/> * Suffix <input type="text" value=""/>	
Street	<input type="text" value=""/>	*
Street 2	<input type="text" value=""/>	
City	<input type="text" value=""/>	*
State	<input type="text" value=""/> <input type="button" value="v"/> <input style="border: 1px solid #007bff; border-radius: 50%; padding: 2px 5px;" type="button" value="?"/>	*
Postal Code	<input type="text" value=""/>	*
	<small>Format is 12345 or 12345-8789</small>	
Country	<input type="text" value="United States of America"/> <input type="button" value="v"/>	*
Gender	<input type="text" value="Male"/> <input type="button" value="v"/>	*
Date of Birth	<input type="text" value=""/> <input type="button" value="v"/>	*
	<small>Format is YYYY/MM/DD</small>	
Date of Death	<input type="text" value=""/> <input type="button" value="v"/>	*
	<small>Format is YYYY/MM/DD</small>	

Account ID: This is the patient's unique account number and is assigned by the supplier. (This is not the patient's Medicare number.)

Name: Enter the patient's name as it is on file with Medicare.

Street: Enter the patient's address as it is on file with Medicare.

City: Enter the patient's city as it is on file with Medicare.

State: Enter the patient's state as it is on file with Medicare.

Postal Code: Enter the patient's ZIP Code as it is on file with Medicare.

Gender: Use the drop down to select the patient's gender as it is on file with Medicare.

Date of Birth: Enter the patient's date of birth as it is on file with Medicare using the format YYYY/MM/DD



Date of Death: Enter the patient's date of death (if applicable).

Select **Save** once all information is entered.

Click on **Dashboard** to return to the DDE Claims Dashboard.

Provider List

The Provider List is used to enter the Billing Provider information. The **Search** option can be used to locate a previously entered billing provider. Provider information may be established prior to entering a new claim or entered when starting a new claim.

- Use **Edit** if a billing provider's information needs to be updated.
- Use **Delete** if you want to remove the billing provider from your list.

Use **New Provider** to bring up the Editing Provider screen to enter a new billing provider's information.

Editing Provider

Dashboard
Save

Billing Provider or Supplier

Billing Contact Name:

Billing Contact Phone: *

Format is 123-456-7890

Billing Name

Organizational Provider

Organization Name

Individual Provider

Billing Address

Billing Address Street:

Billing Address Street2:

Billing Address City:

Billing Address State: ▼ * ?

Billing Address Postal Code:

Format is 12345-6789

Billing Country: ▼ *

Provider or Supplier Signature on File:

Provider Accept Assignment Code: ▼ *

Complete the following fields.



Billing Contact Name: Enter the billing provider’s contact person.

Billing Contact Phone: Enter the billing provider’s phone number.

Billing Name: Enter the billing provider’s name. For groups/organizations, select “Organization” to enter the billing organization name. For individuals, select “Individual Provider” to enter the individual billing provider name.

Billing Address: Enter the billing provider’s address information.

Provider or Supplier Signature on File: Check the box if the provider’s or supplier’s signature is on file.

Provider Accept Assignment Code: Use the drop down to select the appropriate accept assignment code.

The screenshot shows a web form with the following sections:

- Payer List:** A dropdown menu labeled "Choose Payer" with a downward arrow.
- Service Facility Information:** A section containing:
 - Facility Type:** A dropdown menu with a yellow highlight and a red asterisk.
 - Service Facility Address:** A text input field with a checked checkbox labeled "Same as Billing Provider".
- Pay-to Address:** A section with a checked checkbox labeled "Same as Billing Provider".

At the bottom of the form, there are two buttons: "Dashboard" on the left and "Save" on the right.

Choose Payer: Use the drop down to select a Payer the provider is enrolled with for billing. For each Payer the provider is enrolled for billing, a separate Provider Identity screen will need to be completed.

NOTE: Payers must be established prior to Providers in order for the Payers to be listed in the drop down box.

Facility Type: Use the drop down to select the facility where the service or supply was rendered.

NOTE: This data will be used for the Place of Service on the claim. If multiple services each require reporting a different Place of Service, separate claims should be reported with the facility type and address for each.

Service Facility Address: If the Facility Type entered is HOME, uncheck the “Same as Billing Provider” box and leave Service Facility Contact Name, Phone, and Address blank. If the Facility Type is other than HOME and the Service Facility Address is not the same as the billing



provider address, uncheck the **Same as Billing Provider** box and enter the facility address where the service or supply was rendered.

Click **Save** once all information is entered.

Click **Dashboard** to return to the DDE Claims Dashboard.

Start New Claim

Claims can be started by either selecting a current patient or by selecting **New Patient**.

Searches can be performed by the patient's last name. Press "Enter" to begin the search.

Current patients and search results will be displayed in the search box.

Start a New Claim

 A screenshot of the 'Start a New Claim' interface. At the top, there are three buttons: 'Dashboard', 'Start Over', and 'New Patient'. The 'New Patient' button is highlighted with a light blue background.

Patient Records

Select an existing patient from the list below. Choose "New Patient" if the patient does not yet exist.

 A screenshot of the 'Patient Records' search interface. It features a search bar with the label 'Search' and a placeholder text 'To search enter Patient last name only. Press enter to begin search.' Below the search bar is a text input field labeled 'Patient' with a blue border.

To start a claim for a patient found in the Patient Records list, use **Select** or **Edit**.

- **Select:** You will be presented with the **Confirm Selected Patient** screen. Click **Continue** to continue entering your claim information.
- **Edit:** You will be presented with the **Editing Patient** screen. Make any needed changes and click **Save**.

To start a claim for a patient not found in the Patient Records list, select **New Patient**. The **Editing Patient** screen will display.



Editing Patient

Dashboard
Save

Account ID	<input type="text" value=""/>	*
Name	First <input type="text" value=""/> * Middle <input type="text" value=""/> Last <input type="text" value=""/> * Suffix <input type="text" value=""/>	
Street	<input type="text" value=""/>	*
Street 2	<input type="text" value=""/>	
City	<input type="text" value=""/>	*
State	<input type="text" value=""/> <input type="button" value="v"/> <input style="border: 1px solid #ccc; border-radius: 50%; padding: 2px 5px;" type="button" value="?"/>	*
Postal Code	<input type="text" value=""/>	*
	<small>Format is 12345 or 12345-6789</small>	
Country	<input type="text" value="United States of America"/> <input type="button" value="v"/>	*
Gender	<input type="text" value="Male"/> <input type="button" value="v"/>	*
Date of Birth	<input type="text" value=""/> <input type="button" value="v"/>	*
	<small>Format is YYYY/MM/DD</small>	
Date of Death	<input type="text" value=""/> <input type="button" value="v"/>	
	<small>Format is YYYY/MM/DD</small>	

Account ID: This is the patient's account number and is assigned by the supplier. (This is not the patient's Medicare number.)

Name: Enter the patient's name as it is on file with Medicare

Street: Enter the patient's address as it is on file with Medicare.

City: Enter the patient's city as it is on file with Medicare.

State: Enter the patient's state as it is on file with Medicare.

Postal Code: Enter the patient's ZIP Code as it is on file with Medicare.

Gender: Use the drop down to select the patient's gender as it is on file with Medicare.

Date of Birth: Enter the patient's date of birth as it is on file with Medicare using the format YYYY/ MM/ DD

Date of Death: Enter the patient's date of death (if applicable).

Click **Save** once all information is entered.

Insurance Records

After the patient information is entered, the Insurance information will need to be entered.

Select **New Insurance** and the **Editing Insurance** screen will display.



Editing Insurance

Dashboard
Save

Payer Responsibility: *

Patient Relationship: *

Name: First * Middle Last * Suffix

Address

Street: *

Street2:

City: *

State: * ?

Postal Code: *
Format is 12345 or 12345-6789

Country: *

Date Of Birth: *
Format is YYYY/MM/DD

Gender: *

Employer:

Claim Filing Indicator: * ?

Insurance Type Code:

Insurance ID Number: * ?

Insurance Group Number:

Insurance Group Name:

Insurance Policy Number:

Patient Source:

Benefit Assignment Code: *

Release of Information Indicator: *

The following fields are required:

Payer Responsibility: Use the drop down to select whether Medicare is Primary or Secondary.

Patient Relationship: Use the drop down to select the relationship the patient has to the person who holds the insurance.

- If the Patient Relationship is “Self”, the Name, Address, Date of Birth, and Gender fields will automatically be completed.

Name: Enter the name of the person who holds the insurance.

Address: Enter the address of the person who holds the insurance.

Date of Birth: Enter the date of birth for the person who holds the insurance.



Gender: Use the drop down to select the gender of the person who holds the insurance.

Claim Filing Indicator: For Medicare, you must select “Medicare Part B”. For other insurances, select the appropriate option.

Insurance ID Number: For Medicare, this is the patient’s Medicare Beneficiary Identification (MBI) number from the Medicare ID card. For all other insurances, this is the policy number from the patient’s insurance card.

Verify the **Benefit Assignment Code** and the **Release of Information Indicator** are correct.

Click **Save**.

Payer Records

Click **Select** to use a payer from the list displayed on the screen.

Below are examples of entries for the DME MAC Jurisdictions with their associated Payer IDs. You will be asked to Confirm Selected Payer.

Click **Continue**.

DME MAC JURISDICTION A		16013	Select Edit Delete
DME MAC JURISDICTION B		17013	Select Edit Delete
DME MAC JURISDICTION C		18003	Select Edit Delete
DME MAC JURISDICTION D		19003	Select Edit Delete

If the payer listed needs to be edited, click **Edit**, make the needed changes and click **Save**.

If the payer is not listed, select **New Payer** and the Editing Payer screen will display.



Editing Payer

Dashboard
Save

Name: *

Plan ID / Identification (*Must have Plan ID and/or Identification)

Plan ID:
(currently unavailable)

Identification (Payer number): *

Address

Street: *

Street 2:

City: *

State: * ?

Postal Code: *
Format is 12345 or 12345-6789

Country: *

Complete the required fields.

Name: Enter the name of the Payer. The DME MAC Jurisdictions are listed below:

- DME MAC JURISDICTION A
- DME MAC JURISDICTION B
- DME MAC JURISDICTION C
- DME MAC JURISDICTION D

Identification (Payer number): Enter the Payer's ID number. The DME MAC Jurisdictions Payer IDs are listed below. For all other payers, contact the payer for their 5-digit payer ID. If you are unable to locate the payer ID, you can use a gap fill code of XXXXX.

- DME MAC JURISDICTION A = 16013
- DME MAC JURISDICTION B = 17013
- DME MAC JURISDICTION C = 18003
- DME MAC JURISDICTION D = 19003

Address: Enter the address for the Payer. The DME MAC Jurisdictions addresses are listed below.

- DME MAC JURISDICTION A
PO BOX 6780
Fargo, ND 58108

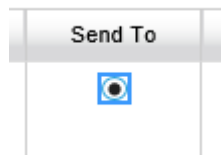


- DME MAC JURISDICTION B
PO BOX 20013
Nashville, TN 37202
- DME MAC JURISDICTION C
PO BOX 20010
Nashville, TN 37202
- DME MAC JURISDICTION D
PO BOX 6727
Fargo, ND 58108

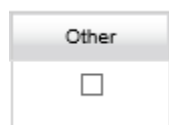
Click **Save**.

Attaching an Insurance to the Claim

Once all of the patient's insurances have been added, you will need to check the "Send To" radio button for the Medicare DME MAC Jurisdiction to which the patient's claims are to be sent.



If a secondary insurance or an insurance primary to Medicare needs to be included on the claim, select the "Other" radio button for the selected insurance record.



Only two (2) insurances can be selected on a single claim.

Click **Continue**.

Selecting the Billing Provider

The Provider Records screen will display.

Click **Select** for the billing provider for this claim.

If nothing needs to be updated or changed, click **Continue**. If updates are needed, click **Edit** to make the changes and click **Save**.

Confirm the selected billing provider's information and click **Continue**.



If the Billing Provider is not listed, select **New Provider** and complete the required fields.

Once a Billing Provider is selected or entered, the Editing Provider Identity screen will display. (A separate Provider Identity screen is linked to each separate Payer for which the provider is billing).

Editing Provider identity

<input type="button" value="Dashboard"/>		<input type="button" value="Save"/>	
Billing NPI:	<input type="text" value=""/>	*	
Billing SSN:	<input type="text" value=""/>	Format is 123-45-6789	
Billing Tax ID:	<input type="text" value=""/>	Format is 12-3456789	
Taxonomy Code:	<input type="text" value=""/>		
Facility NPI:	<input type="text" value=""/>		

Billing NPI: This field is required. Enter the billing provider's NPI enrolled for billing with the Payer indicated in the "Choose Payer" field on the Editing Provider screen.

Billing SSN: Enter the billing provider's Social Security Number on file with the NPEAST or NPWEST. If the Tax ID is on file, enter that into the "Billing Tax ID" field and leave the "Billing SSN" field blank.

Billing EIN: Enter the billing provider's Tax ID on file with the NPEAST or NPWEST. If the Social Security Number is on file, enter that into the "Billing SSN" field and leave the "Billing Tax ID" field blank.

Taxonomy Code: This field is optional. The taxonomy code is not used in DME Medicare claims but may be required by a secondary insurance.

Facility NPI: Enter the NPI for the facility (place of service). If the facility or place of service is HOME, leave this field blank.

Click **Save** and the Claim Data screen will be displayed.

Claim Data

The Claim ID will be assigned and displayed at this step.

NOTE: At this point the claim can be saved as In Progress and resumed at a later time if needed.

Use the Claim Data and Services tabs to complete all claim and charge line information.



Editing Claim CLAIMID5d8d03c67b8fd

Dashboard Save Review Claim

Patient Insurance Other Amounts Provider Provider Identity **Claim Data** Services

Claim Data

Only the fields highlighted in yellow are required on the **Claim Data** tab.

Claim Frequency Code: This must always be entered as “Admit through Discharge Claim”.

Total Charges: Enter the amount for the total claim. This is the total for all charge lines.

Diagnosis or nature of illness or injury: Enter all ICD-10 diagnosis codes applicable to all charge lines being submitted on the claim. NOTE: Diagnosis codes are entered without the decimal point.

Claim ID: The CCP system generated Claim ID is automatically populated to this field.

NOTE: You may choose to modify the Claim ID to a meaningful value if necessary. To modify the Claim ID, return to the Claim Data screen after the charge line information is entered and saved. Enter the new Claim ID and click **Save**. This must be done prior to submitting the claim.

Once all diagnosis codes are entered, click **Services** in the tabs across the top of the claim.

NOTE: If you click **Save** after entering a Total Charges amount but do not go to the Services tab, an online error will be generated: “**Claim Updated Successfully. Enter Service Data.**” To resolve this error, click **Add Service**. The message “**Cancel or Update open service record to re-enable navigation tabs**” will be displayed. Proceed by adding all required charge line information.

Entering Services (Charge Line Information)

Patient Insurance Other Amounts Provider Provider Identity Claim Data **Services**

Add Service

Row Num.	Date From	Date To	Charges	Actions
----------	-----------	---------	---------	---------

Dashboard Save Review Claim

Click **Add Service** to add charge line information.



- Enter the **Date(s) of Service**
- Place of Service is not required at the charge line level but should be the same as the Facility Type entered at the claim level in the Billing Provider setup. **The Facility Type will be used for the Place of Service on the claim.** If multiple services each require reporting a different Place of Service, separate claims should be reported with the Facility Type and address for each.
- Enter the **HCPCS** code and **Modifiers** as needed.
- Use the **NOC Description** field if required by the HCPCS.
- Enter the **Diagnosis Pointers** needed to designate the appropriate diagnosis codes for the specific charge line. The first box will be pre-filled with “1” but it can be changed if needed to reference other diagnoses.
- Enter the **Charge** amount
- Enter the **Units**
- Enter the **Ordering Physician** information, if applicable
- Indicate if any **Certificate of Medical Necessity** forms are applicable (default is “None”)

NOTE: The **Certificate of Medical Necessity** section will not be displayed when a date of service on or after 01/01/2023 has been entered.

Click **Add Service to Claim**.

If additional charge lines are needed, click **Add Service**.

Once all charge lines are entered, click **Review Claim**.

Review and Submit Claim

Review the claim information to verify there are no online errors present.

If online screen errors are present, click **Correct these Errors** to resolve each one. Click **Save**.

If no online screen errors are present and you decide the claim data needs to be edited further before submitting, click **Continue Editing** to make any necessary updates.

Download the claim data to the CMS 1500 Claim Form format and Print if needed for your records.

Once the claim is ready and saved, click **Submit**.

If the claim was successfully uploaded, the following message will be displayed. You will need to verify there are no errors on your claim submission (*Refer to Verify Submission section*).



File upload successful.

Go to 'File', then 'File Status and Reports' and verify the xml.err, 999 and 277CA reports do not contain any errors.

Verify Submission

Once the claim is submitted, verify if the claim had any errors by using either one of the following methods:

1. View Thread

Locate the claim in the Submitted Claims section of the Dashboard and select the **View Thread** link under “Actions”.

If there are no submission errors, the patient’s name and claim submission date will be followed by (ACCEPTED) and the report message will indicate “Your claim has been received successfully”.

If you need the CCN assigned to the claim for processing by the DME MAC Jurisdiction, you must view and download the Claim Acknowledgment Report (CAR). *Refer to **File Status and Reports for more information.***

If there are submission errors, the patient’s name and claim submission date will be followed by (FAILED). Click to view the errors. Click **Correct Claim** to edit the claim and resubmit. Repeat the “View Thread” process to verify submission errors.

The thread will continue to add entries for each attempted submission until the claim moves to an ACCEPTED status.

2. File Status and Reports

From the top of the Dashboard screen, select File, File Status and Reports. This method provides the same information regarding your claim submission as the View Thread method; however, the report files can be downloaded and saved at your site for tracking purposes.

*Refer to **File Status and Reports for more information.***

File Status and Reports

File Status and Reports is used to view and download reports for claims submitted using the CEDI Claims Portal as well as download the X12 835 electronic remittance advice (ERA) if enrollment has been completed for this transaction. From this module, the DDE Reports,



CAR.DDE Reports, and 835 ERA can be viewed and downloaded. ***Refer to DDE Reports, CAR.DDE Report, and 835 ERA sections for more detailed information.***

As a general rule, check the CAR.DDE report first. If no CAR.DDE report exists, check the DDE report(s).

Only claims accepted on the CAR.DDE Report will have a payer Claim Control Number (CCN) assigned and be sent to the DME MAC payer for processing.

Claim submission errors reflected on the DDE Report beginning with “DDE.{tpid}.{claimid}” are also reflected on the CAR.DDE Report.

To correct errors denoted on any of the reports, select Direct Data Entry, Professional Claims DDE from the top of the screen. Find your claim in the Submitted Clams listing, click **View Thread**, click **Correct Claim**, and click **Continue Editing**. Make sure to Save your corrections before Resubmitting.

CMN Reject Reports originating from the DME MACs are also available for download via the CCP File Status and Reports screen. The CMN Reject Reports will reflect CMNs submitted on claims via the CCP and via our CEDI SFTP Gateway. Effective 01/01/2023, CMN Reject Reports will only reflect claims with DOS prior to 01/01/2023. For more information on the CMN Reject Report, refer to the 5010A1 CEDI Front-End Acknowledgments and Reports Manual, Chapter 5, located on our CEDI website (www.ngscedi.com) under Resources, Front End Edits Documentation.

Performing a Search and Downloading Reports

Enter the date range you would like to search and click **Search New Files**.

NOTE: **Search Old Files** will search for previously downloaded reports.

Click on the file you want to view.

File names for the DDE reports are:

- “Dde_claim.{tpid}.{claimid}.xml.err” where:
 - {tpid} = Trading Partner ID the claim was submitted under
 - {claimid}= The CLAIM ID assigned to the claim by the CCP DDE system when the claim was created.
- “DDE.{tpid}.{claimid}.xml.err” where:
 - {tpid} = Trading Partner ID the claim was submitted under



{claimid}= The CLAIM ID assigned to the claim by the CCP DDE system when the claim was created.

File name for the CAR.DDE Report is:

- “CAR.DDE.{tpid}.{claimid}.{ccyymmddhhmmss}.{seq}” where:

{tpid} = Trading Partner ID the claim was submitted under

{claimid}= The CLAIM ID assigned to the claim by the CCP DDE system when the claim was created.

{ccyymmddhhmmss} = century, year, month, day and timestamp

{seq} = a unique sequence number

File name for the CMN Reject Report is:

- “RPT.{ccyymmdd}.{seq}.txt” where:

{ccyymmdd} = century, year, month, day

{seq} = a unique sequence number

Click **Download** and you will be asked to Open or Save the file. It is recommended you Save the file to a designed reports folder for your reference. The file should be saved as a .TXT file type. (If the file type is not changed, your computer may ask what program you want to use to open the file.)

DDE Reports

The DDE Reports will indicate if the claim had errors. There are two types of DDE Reports that can be recognized by their file names.

The DDE Report file name beginning with “Dde_claim” will convey errors that stopped the claim from being fully edited. This report will not be accompanied by a CAR.DDE Report. Errors on this report will need to be corrected and the claim will need to be resubmitted.

The DDE Report file name beginning with “DDE.{tpid}.{claimid}” will convey either errors or an accepted status . This report will be accompanied by a CAR.DDE Report conveying the same information. Errors on this report will need to be corrected and the claim will need to be resubmitted.

Accepted claims will display the following message.

```
<response><result>Your claim has been received successfully</result></response>
```




If additional assistance is needed to determine the error, please contact the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or at 866-311-9184.

CAR.DDE Report (Claim Acknowledgement Report)

Claims showing accepted on the CAR.DDE Report will display **STATUS** as “NO ERRORS” in all sections (example below) and the claim will be assigned a payer claim control number (CCN) for tracking the claim at the DME MAC Jurisdiction. The CCN will consist of the Payer ID for the DME MAC Jurisdiction that will process the claim (the first 5 numbers) followed by the CCN used for tracking the claim.

For Example:

The CCN returned is 1800311129800003000

Payer ID: 18003 indicating the claim was sent to DME MAC Jurisdiction C

CCN: 11129800003000 (For inquiries at the DME MAC, only the provide CCN portion.)

Claim Acknowledgement Report - Claim ID:		RECEIPT DATE:
RECEIVER NAME:		
STATUS	NO ERRORS	
BILLING NAME:		
STATUS	NO ERRORS	
PATIENT NAME:		
CLAIM DATE(S):		CLAIM AMOUNT:
Payer Claim Control Number:		
STATUS	NO ERRORS	

Rejected CAR.DDE Reports will display error codes. These claims will need to be corrected and resubmitted.

Understanding the Error Codes

The CEDI 277CA Edit Lookup Tool located on the National Government Services (NGS) CEDI Website www.ngscedi.com will provide additional information about the edit codes received on the CAR.DDE Report. The tool allows you to enter the error codes returned on the CAR.DDE Report and receive back the possible explanations for the cause of the edit.

The error codes will be returned in the **STATUS** section of the report.

Example:

A7:Rejected for Invalid information 507:HCPCS

A7:Rejected for Invalid information 255:Diagnosis code

There are three (3) types of codes returned in an edit on the CAR.DDE Report:

- Claim Status Category Code (CSCC) – Indicates rejected for invalid information
- Claim Status Codes (CSCs) - Indicates what is being rejected
- Entity Identifier Code (EIC) – Indicates the entity that received the error

The above examples only have a CSCC and a CSC related to the error. Not all of code types will be returned in all edit rejections.

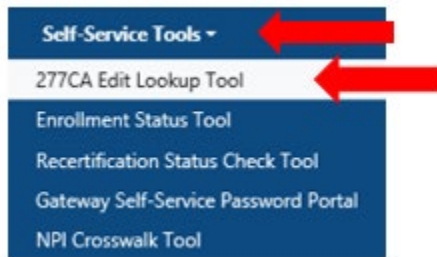
For our example, we will use the following edit.

A7:Rejected for Invalid information 507:HCPCS

A7 = Category / CSCC

507 = Status / CSC

To use the CEDI 277CA Edit Lookup Tool, select “277CA Edit Lookup Tool” under Self-Service Tools on the CEDI Web site <https://www.ngscedi.com>.



Enter the edit information into the tool.

5010A1 277CA Reject Code Lookup Tool

CSCC	<input type="text" value="A7"/> *
CSC	<input type="text" value="507"/> *
CSC	<input type="text"/>
CSC	<input type="text"/>
EIC	<input type="text"/>
*Required	
<input type="button" value="Search"/> <input type="button" value="Reset"/>	



Once the edit information is entered, select **Search**.

The results will be returned below the search fields and will display all possibilities for the cause of the edit.

EDIT Code	CSCC	CSC	CSC	CSC	EIC	DESCRIPTION
X222.416.2400.HCP10.020	A7	507				When Product or Service ID Qualifier = "HC", Procedure Code must be a valid HCPCS Code on the Date of Service when DTP01 = "472". Questions regarding the correct procedure code and/or modifier to submit on a claim should be directed to the DME MAC where the claim would be processed based on the patient's state code in the address provided on the claim.
X222.351.2400.SV101-2.020	A7	507				The Procedure Code must be a valid HCPCS Code for the Service Date. (DTP01 = "472")
X222.351.2400.SV101-2.030	A7	507				The HCPCS must be valid for the date of service and the modifiers attached must be a valid combination. Verify that all required modifiers are sent if modifiers are required. Questions regarding the correct procedure code and/or modifier to submit on a claim should be directed to the DME MAC where the claim would be processed based on the patient's state code in the address provided on the claim.

Note: There may be more than one cause for the same edit combinations but not all explanations may have caused the edit. CEDI recommends reading through the possible causes and determine which reason caused the edit to be returned on the CAR.DDE Report.

If additional assistance is needed to determine the error, please contact the CEDI Help Desk at ngs.cedihelpdesk@anthem.com or at 866-311-9184.

Downloading the 835 ERA file

Once your CEDI Claims Portal User ID has enrolled to receive the X12 835 electronic remittance advice (ERA) file, the 835 ERA file will be available for download under the File Status and Reports module. ERA files can be identified by their file name.

Example file name = 835X.JXRNKPROD.%d%t.%s

- JX is variable and will equate to the DME MAC Jurisdiction (JA, JB, JC, JD)
- %d is the system date the file was generate (in format CCYYMMDD)
- %t is the system time the file was generated (in form HHMMSS)
- %s is a CEDI generated sequence number



To download the 835 ERA file, select the file and click **Download Files**. You will be asked to **Open** or **Save** the file. It is recommended you Save the file to a designated ERA folder for your reference. The file should be saved as a .TXT file type. The X12 835 ERA provided through the CCP will require software to translate, read, and print the file. CMS offers the free Medicare Remit Easy Print program available for download through the link on the CEDI Web site at www.ngscedi.com/mrep.

Using Medicare Remit Easy Print

Open the Medicare Remit Easy Print software using the shortcut/icon on your desktop. This should appear after the download and installation are completed. The first time you open the software, you will want to set the path for the software to locate and read your downloaded 835 ERA files.

- Select **Tools** from the main menu and then **Path Name Editor** from the drop down list.

Medicare Remit Easy Print Path Name Editor

This dialog contains the current paths to the folders Easy Print uses to locate the resources as indicated. In most cases, the values here will never need updating. In certain situations, you may want to override the default locations of these folders.

Imported files :	C:\Medicare Remit EasyPrint\Import\	Browse
Archive files :	C:\Medicare Remit EasyPrint\Archive\	Browse
Exported reports :	C:\Medicare Remit EasyPrint\ReportExport\	Browse
X835 native files :	C:\Medicare Remit EasyPrint\Native835\	Browse
Resource files :	C:\Medicare Remit EasyPrint\Resource\	Browse

Save Default Cancel

- Select the **Browse** option for the X835 native files field.
- Select the folder created for your 835 ERA files. (If you have not created a folder yet, please do so at this time and select it.)
- Select **OK** and **Save**.

Every time you open the Medicare Remit Easy Print software, any new 835 ERA files will now be automatically imported.



Additional information on how to use the Medicare Remit Easy Print software is available in the User Guide provided by CMS at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessToDataApplication/MedicareRemitEasyPrint>.