Centers for Medicare & Medicaid Services (CMS)

Standard Companion Guide

Health Care Claim: Payment/Advice (835)

Based on ASC X12N TR3, Version 005010X221A1

Companion Guide Version Number: 5.6,
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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. This Companion Guide is to be used for conducting Medicare business only.

Preface

This Companion Guide (CG) to the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (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) companion guide 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 the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this Companion Guide (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 835 Technical Report Type 3 (TR3) Version 005010A1 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 (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 (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 005010A1.

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, and data services. 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 CMS requirements over and above the information in the ASC X12N 835 TR3.

1.3 References

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

Table 1. EDI Transactions and Code Set References

Resource	Locations
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Sets	The official Washington Publishing Company website

1.4 Additional Information

The websites in the following table provide additional resources for HIPAA.

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 website	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 accessible 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 the CEDI 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 CEDIs distribution list by subscribing (https://www.ngscedi.com/listserv/subscribe.htm).

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

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.

- *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 website](https://www.ngscedi.com) (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 website.

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.0. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (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, 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 provider enrollment department (for Medicare Part A and Part B Trading Partners) 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 Trading Partner's EDI number and password serve as an electronic signature and the Trading Partner would be liable for any improper usage or illegal action performed with it. A Trading Partner's EDI access number and password are not part of the capital property of the Trading Partner's operation and may not be given to a new owner of the Trading Partner'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 the [CEDI website](https://www.ngscedi.com/) (https://www.ngscedi.com/). The third-party agreement form can be found on the [CEDI website Enrollment page](https://enroll.ngscedi.com/enrollment) (https://enroll.ngscedi.com/enrollment).

Trading Partners 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. Trading Partners 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 Trading Partner'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 X12N 835 Health Care Claim Remittance Advice transactions. However, the ability to exchange X12N 835 transactions is dependent on successful testing of X12N 837P electronic claims. Refer to the 837P Companion Guide for testing requirements for electronic claims. Testing of the 835 transaction is recommended. For more information, contact the CEDI Help Desk (ngs.cedihelpdesk@anthem.com) or by calling 866-311-9184.

3 Testing and Certification Requirements

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

4 Connectivity / Communications

4.1 Process Flows

The following diagrams shows how the production and test transactions flow into and out of CEDI.

Figure 1. CEDI Production Transaction Flows

CEDI Trading Partners		CEDI Processing	DME MACs

CEDI sFTP Gateway
Submit Inbound Files
• X12 837 Claims
• NCPDP Claims
• X12 276 Claim Status Request
• X.509 Certificate
Retrieve Outbound Files
• CEDI Acknowledgements
• X12 835 Electronic Remittance Advice
• X12 277 Claim Status Response
	Trading Partner Mailbox	**Inbound Files**
		• Perform Levels I & II Front End Edits
		  • 837 Claims: Create & return TA1, TRN, 999 & 277CA
		  • NCPDP Claims: Create & return TRN & NCPDP Transmission Response Report
		  • 276 Claim Status Request: Create & return TA1, TRN, 999 & 277 Front End Rejections
		  • CCP 837 Claims: Create & return DDE Report & CAR Report
		• Claims:
		  • Assign CCN to Accepted claims
		  • Create the files to go to the appropriate DME MAC based on the beneficiary state code submitted on the claim
		• Claim Status Request:
		  • Create the files to go to the appropriate DME MAC based on the contractor code submitted in the 276 file
		• Process X.509 Certificate for use with CEDI Internet Gateway
			Receive claims and claim status request files from CEDI

CEDI Claims Portal **Submit Inbound Files** • X12 837 Claims **Retrieve Outbound Files** • CEDI Acknowledgements • X12 835 Electronic Remittance Advice			• Process Claims • Process Claim Status Requests • Create 835 Remittance Advice Flat File • Create 277 Claim Status Response Flat File
CEDI Internet Gateway **Submit Inbound Files** • X12 276 Claim Status Request **Retrieve Outbound Files** • CEDI Acknowledgements • X12 835 Electronic Remittance Advice • X12 277 Claim Status Response		**Outbound Files** • Translate Remittance Advice Flat File to X12 835 ERA & deliver to Trading Partners Mailbox • Translate Claim Status Response Flat File to X12 277 Claim Status Response & deliver to Trading Partners Mailbox	Send to CEDI: • 835 Remittance Advice Flat File • 277 Claim Status Response Flat File

Figure 2. CEDI Test Transaction Flows

CEDI Trading Partners	CEDI Processing	DME MACs

CEDI sFTP Gateway
Submit Inbound Files
- X12 837 Claims
- NCPDP Claims
- X12 276 Claim Status Request

Retrieve Outbound Files
- CEDI Acknowledgements
- X12 835 Electronic Remittance Advice
- X12 277 Claim Status Front End Rejections

NSV

Trading Partner Mailbox

Inbound Files
- Perform Level I & II Front End Edits
    - 837 Claims: Create and return TA1, TRN, 999 & 277CA
    - NCPDP Claims: Create and return TRN & NCPDP Transmission Response Report
    - 276 Claim Status Request: Create and return TA1, TRN, 999 & 277 Front End Rejections
    - CCP 837 Claims: Create and return DDE Report & CAR Report

CEDI Claims Portal

Retrieve Outbound Files
- X12 835 Electronic Remittance Advice

Internet

CEDI Internet Gateway
Submit Inbound Files
- X12 276 Claim Status Request

Retrieve Outbound Files
- CEDI Acknowledgements
- X12 835 Electronic Remittance Advice
- X12 277 Claim Status Front End Rejections

Internet

Outbound Files
- Translate Remittance Advice Flat File to X12 835 ERA and deliver to Trading Partners Mailbox

Create TEST Remittance Advice Flat File and send to CEDI
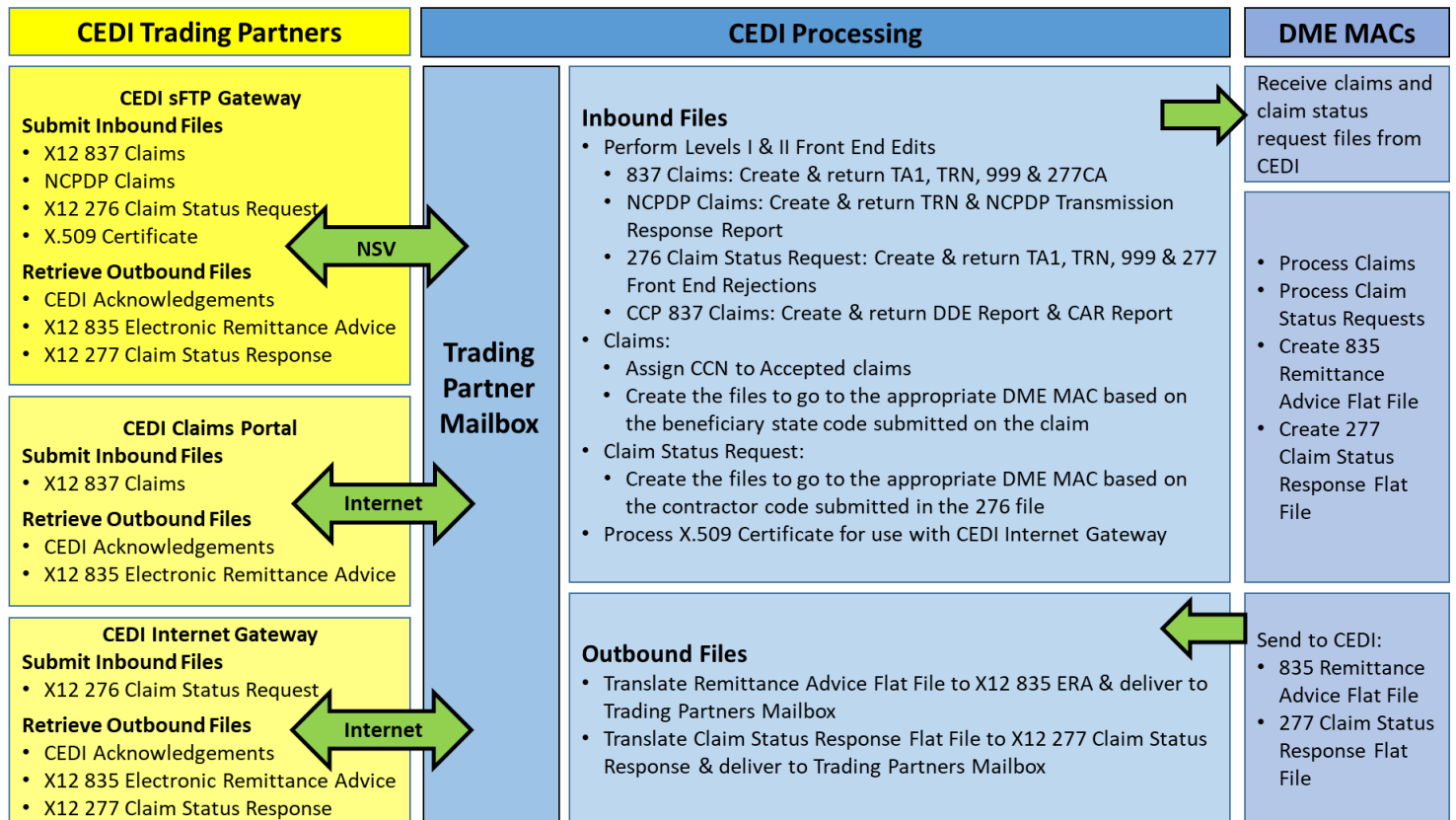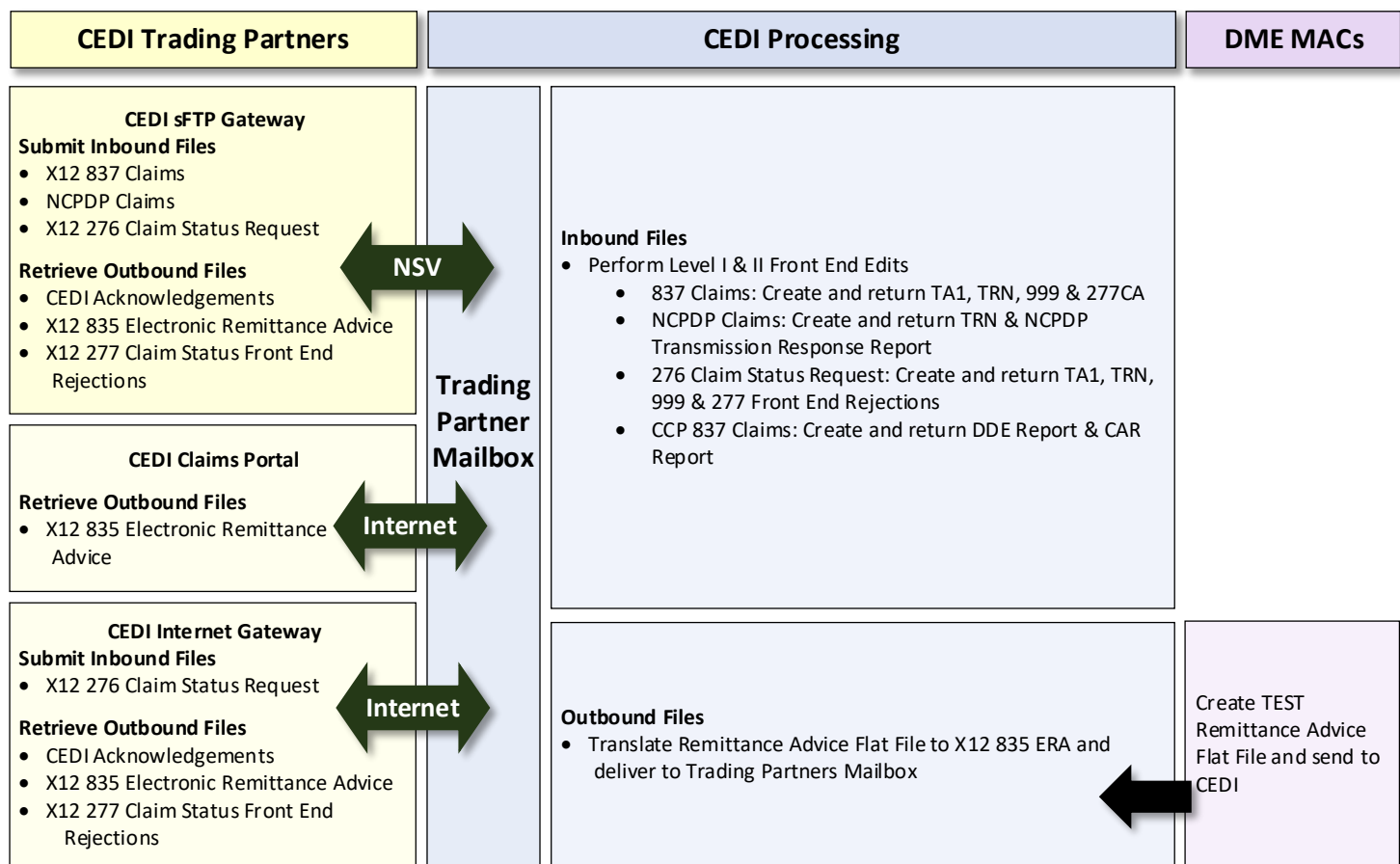
4.2 Transmission

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

4.3 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.

4.4 Communication Protocol Specifications

The CEDI sFTP Gateway can be used for all transactions – X12 837 claims, NCPDP claims, X12 276/277 Claim Status Request/Claim Status Response, 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 website (https://www.ngscedi.com/).

The CEDI Internet Gateway supports CAQH CORE compliant exchanges of the 276/277 Claim Status Request/Response and 835 ERA transactions using HTTP+MIME or SOAP+WSDL Message Envelope Standards and X.509 Certificates for authentication. **Note:** The CEDI Internet Gateway does not support the following transactions: 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 or 835 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 and/or 835 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.

HTTP+MIME connections to the CEDI Internet Gateway
(https://cedisw.ngscedi.com/CoreBatchGateway/TransactionSocketServlet)

SOAP+WSDL connections to the CEDI Internet Gateway
(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 Network Service Vendors 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.

4.5 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.

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.

4.6 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.

4.7 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 receipt of CAQH CORE compliant X12 835 Electronic Remittance Advice transactions.

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: CEDI Help Desk (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 NGSI CEDI – Important Events (www.ngscedi.com/Important Events).

5.2 EDI Technical Assistance

For CEDI technical support, contact the CEDI Help Desk:

- Phone: 866-311-9184

- Email: CEDI Help Desk (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 NGSI CEDI – Important Events (www.ngscedi.com/Important Events).

5.3 Trading Partner Service Number

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

- Phone: 866-311-9184

- Email: CEDI Help Desk (ngs.cedihelpdesk@anthem.com)

Questions regarding the receipt of the X12N 835 transaction, and technical support for this transaction are addressed by the CEDI Help Desk.

Questions regarding the remittance content (i.e. denial and payment information, 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

  - Noridian Healthcare Solutions (https://med.noridianmedicare.com/web/jadme)

- **Jurisdiction B – CGS Administrators LLC**

  - CGS Administrators LLC supports the following states: IL, IN, KY, MI, MN, OH, WI

  - Provider Contact Center: 866-590-6727

  - Automated IVR System: 877-299-7900

  - CGS Administrators LLC (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

  - CGS Administrators LLC (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, MP, MT, ND, NE, NV, OR, SD, UT, WA, WY

  - Supplier Contact Center: 877-320-0390

- Automated IVR System: 877-320-0390

- [Noridian Healthcare Solutions](https://med.noridianmedicare.com/web/jddme/) (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: [NPPES Customer Service](mailto:customerservice@npienumerator.com) (mailto:customerservice@npienumerator.com)

- [NPPES](https://nppes.cms.hhs.gov/NPPES/Welcome.do) (https://nppes.cms.hhs.gov/NPPES/Welcome.do)

Questions regarding the assignment of the Durable Medical Equipment Provider Transaction Access Number (PTAN) are addressed by the National Provider Enrollment Eastern Region (NPEAST) or Provider Enrollment Western Region (NPWEST):

- **NPEAST (Novitas Solutions)**

  States: Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Wisconsin, District of Columbia, Puerto Rico, US Virgin Islands

  - Phone: 866-520-5193

  - NPEAST Novitas Solutions (https://www.novitas-solutions.com)

- **NPWEST (Palmetto GBA)**

  States: Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands

  - Phone: 866-238-9652

  - NPWEST Palmetto GBA (https://www.palmettogba.com)

Questions 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 [Palmetto GBA PDAC](https://www.dmepdac.com/palmetto/PDAC.nsf/Ad/Contact Us) (https://www.dmepdac.com/palmetto/PDAC.nsf/Ad/Contact Us) and select the "Contact Us" option

- [Palmetto GBA PDAC](https://www.dmepdac.com/) (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 Provider Enrollment, Chain and Ownership (PECOS):

- Phone: 866-484-8049

- PECOS (https://pecos.cms.hhs.gov/pecos/login.do)

5.4 Applicable Websites / Email

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

6 Control Segments Envelopes

Enveloping information will be sent as follows for the 835:

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 3. ISA Interchange Control Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00	Medicare will send "00".
C.4	ISA02	Authorization Information	[10 spaces]	Medicare will send 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send "00".
C.4	ISA04	Security Information	[10 spaces]	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	[Receiver ID]	Submitter number assigned by CEDI

Page #	Element	Name	Codes/Content	Notes/Comments
C.5	ISA11	Repetition Separator	^	CEDI will populate with ^.
C.6	ISA14	Acknowledgement Requested	0	Medicare will send "0".

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 4. 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	[Receiver ID]	Submitter number assigned by CEDI
C.8	GS08	Version Identifier Code	005010X221A1	None

Interchange Control (ISA/IEA), 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

Trading Partners should contact CEDI for a list of delimiters to expect from Medicare 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 Envelope.

Refer to Section 8.1 for delimiters used in the TA1 acknowledgment returned by CEDI.

Refer to Section 8.2 for delimiters used in the 999 acknowledgment returned by CEDI.

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 receiver their 835.

7.2 General Transaction Notes

CEDI will return the electronic remittance advice in the X12 835 format regardless of the method with which the claim was submitted (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.

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 (ngs.cedihelpdesk@anthem.com).

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. The CEDI Trading Partner Action Request Form can be found on the CEDI website (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 defines specific CMS requirements over and above the standard information in the ASC X12N 835 TR3.

10.1 Header

The following table contains specific details for the Header.

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 5. ST Transaction Set Header

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
68	N/A	ST02	Transaction Set Control Number	[Control Number]	9	From one-by-one counter (begins with "0001").

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 8. Loop 2000 LX Header Number

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
111	2000	LX01	Assigned Number	0, 1	6	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 9. Loop 2100 CLP Claim Payment Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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 "MB" for DME.

Table 10. Loop 2100 CAS Claim Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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.

Table 11. Loop 2100 NM1 Patient Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
139	2100	**NM108**	Patient Name	MI	2	Use "MI".

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 12. Loop 2100 NM1 Insured Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
140	2100	NM1	Insured Name	[Not Used]	N/A	Segment not used by Medicare

Table 13. Loop 2100 NM1 Crossover Carrier Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
151	2100	NM108	Identification Code Qualifier	PI, XV	2	COB transmissions with more than one secondary payer shall indicate remark code "N89" in a claim level remark code data element. "AD", "FI", "NI", and "PP" do not apply to Medicare.

Table 14. Loop 2100 REF Other Claim Related Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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".

Note: Any values in the Codes/Content column in brackets describes the type of value sent. The Notes/Comments column will have the data entered in the field.

Table 15. Loop 2100 REF Rendering Provider Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
171	2100	REF	Rendering Provider Information	[Not Used]	N/A	Segment not used by Medicare

Table 16. Loop 2100 AMT Amount Qualifier Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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".

Table 17. Loop 2100 QTY Claim Supplement Information Quantity

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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 18. Loop 2110 SVC Service Payment Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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.

Table 19. Loop 2110 CAS Service Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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.

Table 20. Loop 2110 REF Service Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
206	2110	REF01	Services Identification – Reference Identification Qualifier	LU, 1S, APC, RB	2	Medicare does not use "BB", "E9", "G1" or "G3".

Table 21. Loop 2110 REF Rendering Provider Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
207	2110	REF01	Rendering Provider Information – Reference Identification Qualifier	HPI, SY, TJ, 1C	2	Medicare does not use "0B", "1A", "1B", "1D", "1H", "1J", "D3" or "G2".

Table 22. Loop 2110 REF Healthcare Policy Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
209	2110	REF01	Health Care Policy Identification	0K	2	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.

Table 23.Loop 2110 AMT Amount Qualifier Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use "T" or "T2".

Table 24. Loop 2110 LQ Health Care Remark Codes

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
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 25. PLB Provider Adjustment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
217	N/A	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).

11.2 Transmission Examples

The 835 remittance data content is generated from the DME MAC processing system. CEDI translates the data into the standard 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.

Figure 3. 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*005010
X221A1~ST*835*0001~BPR*I*72.59*C*CHK************20180409~TRN*1*00000004192*1351840597~RE
F*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*TC
15*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*##########~N
M1*82*1*BENETEST*CECIL****FI*123456789~MOA***MA01~REF*EA*12345~DTM*050*20181022~SVC*H
C: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*0*C*NON************20180409~TRN*1*10993A
A0031SYS*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*##########~MO
A***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 [Medicare FFS EDI Operations](#) (https://www.cms.gov/ElectronicBillingEDITrans/) and [CEDI website](#) https://www.ngscedi.com) by selecting the resource link for "FAQs".

11.4 Acronym Listing

Table 26. Acronym List

Acronym	Definition
276	276 Claim Status Request transaction
277	277 Claim Status Response transaction
277CA	277 Claim Acknowledgement
835	835 Electronic Remittance Advice transaction
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
CCN	Claim Control Number
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISMA	Federal Information Security Management Act
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

Acronym	Definition
HTTP	Hyper Text Transfer Protocol
HTTPS	Hyper Text Transfer Protocol Secure
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
IVR	Integrated Voice Response
MAC	Medicare Administrative Contractor
MIME	Multipurpose Internet Mail Extensions
NCPDP	National Council for Prescription Drug Programs
NPEAST	National Provider Enrollment Eastern Region
NPI	National Provider Identifier
NPPES	National Plan & Provider Enumeration System
NPWEST	National Provider Enrollment Western Region
NSV	Network Service Vendor
PDAC	Pricing, Data Analysis and Coding
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
PID	Packet Identifier
PTAN	Provider Transaction Access Number
sFTP	Secure File Transfer Protocol
SOAP	Simple Object Access Protocol
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
TRN	Transaction Acknowledgement report (CEDI proprietary report)
WSDL	Web Services Description Language
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See the official ASC X12 website.)
X12N	Insurance subcommittee of X12

11.5 Change Summary

The following table contains version information of this CG.

Table 27. 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	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
5.0	March 2019	All	4th Publication Version
5.1	May 2020	1.3 and 11.4	Removed all active URLs referencing "www.wpc-edi.com" and "www.nex12.org", and replaced them with "the official Washington Publishing Company website" and "the official ASC X12 website"
5.2	February 2021	4.4	Updated URL for ARS Guides
5.3	September 2021	4.1 and 5.3	Section 4.1 – Updated process flows Section 5.3 – reordered states under Jurisdiction B to be in alphabetical order, added MP state code under JD Verified hyperlinks and updated as needed throughout the document
5.4	January 2022	All	508 compliance and table formatting.
5.5	December 2022	Section 4.1 Section 5.3 Section 11.4	Section 4.1, Figure 1 – updated process flow Section 5.3 – replaced NSC with NPEAST and NPWEST Section 11.4 – updated list of Acronyms
5.6	January 2025	Section 4.1 Section 11.4	Section 4.1, Figure 1 – updated process flow Section 11.4, Table 26 – updated list of Acronyms to remove "CMN" and "DIF"