
Medicare Fee-For-Service

**Standard Companion Guide
Trading Partner Information**

**Instructions related to Transactions
based on ASC X12 Implementation
Guides, version 005010**

**Companion Guide Version Number: 3.0B,
April, 2011**

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Trading Partner Information) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (IG) (Transaction Instructions). Either the Trading Partner Information component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Trading Partner Information component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Trading Partner Information

1. Introduction

1.1 Purpose

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 EDI data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An Electronic Data Interchange (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 FFS is publishing this Companion Guide to clarify, supplement and further define specific data content requirements to be used in conjunction with, and not in place of, the ASCX12N TR3s for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This Companion Guide 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 Pub. 100-04 Medicare Claims Processing Manual, Chapter 24 on General EDI and EDI Support, Requirements, Electronic Claims and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at

<http://www.cms.gov/manuals/downloads/clm104c24.pdf> .

1.2 Scope


EDI addresses how providers/suppliers, or their business associates, exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This guide also applies to electronic transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors. Below is a listing of transactions required by Medicare FFS:


Transactions	Version
270/ 271 Health Care Eligibility Benefit Inquiry and Response	005010X279A1
837 Health Care Claim: Professional	005010X222A1
837 Health Care Claim: Institutional	005010X223A2
999 Implementation Acknowledgment For Health Care Insurance	005010X231A1
835 Health Care Claim: Payment/Advice	005010X221A1
276/277 Status Inquiry and Response	005010X212
277CA Claim Acknowledgement	005010X214
National Council for Prescription Drug Programs (NCPDP) Version D.0 of the Telecom Standard	D.0 April 2009

This companion Guide provides technical and connectivity specification for the following above listed transactions:

- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Professional
- 835 Health Care Claim: Payment Advice
- 276/277 Status Inquiry and Response

Technical specifications for the 999 Implementation Acknowledgement for Health Care Insurance and 277CA Claim Acknowledgement are subsumed under the technical specifications for the 837 Institutional and Professional Claim transaction.

The 270/271 Health Care Eligibility Benefit Inquiry and Response has its own companion guide that can be found at: <http://www.cms.gov/HETSHelp/> .

NCPDP Version D.0 also has its own companion guide that can be found at: <http://www.ngscedi.com/> .

1.3 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with Medicare. In addition, this Companion Guide has been written to assist you in designing and implementing transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- Getting Started: This section includes information related to hours of operation, data services, and audit procedures. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- Testing and Certification Requirements: This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- Connectivity/Communications: This section includes information on Medicare’s transmission procedures as well as communication and security protocols.
- Contact Information: This section includes EDI customer service, EDI technical assistance, provider services and applicable Websites.
- Control Segments/Envelopes: This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to Medicare.
- Acknowledgments and Reports: This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- Additional Trading Partner Information: This section contains information related to implementation checklist, transmission examples, Trading Partner Agreements and other resources.
- Trading Partner Information Change Summary: This section describes the differences between the current Companion Guide and the previous Companion Guide(s).

1.4 References

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

Resource	Web Address
ASC X12 TR3 Implementation Guides	http://store.x12.org/
Washington Publishing Company Health Care Code Sets	http://www.wpc-edi.com/content/view/711/401/

1.5 Additional Information

The Websites listed below provide additional resources during the transition year for HIPAA version 5010 implementation.

Resource	Web Address
Central Version 005010 and D.0 Webpage on CMS website	http://www.cms.gov/Versions5010andD0/
Educational Resources (including MLN articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, and transcripts from national provider calls)	http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage
Dedicated HIPAA 005010/D.0 Project Web page (including technical documents and communications at national conferences)	http://www.cms.gov/MFFS5010D0/
Frequently Asked Questions	http://questions.cms.hhs.gov/app/answers/list/kw/5010
Responses to Technical Comments	www.cms.gov/TransactionCodeSetsStandards
To request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/

The following website provides operational information for EDI and electronic transaction standards:

- Medicare FFS EDI Operations
<http://www.cms.gov/ElectronicBillingEDITrans/>

2. Getting Started

2.1 Working Together

First Coast Service Options Inc. (FCSO) is dedicated to providing several communication channels to ensure communication remains constant and efficient. FCSO has several options in an effort to assist the community with their electronic data exchange needs. By using any of these methods FCSO 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. An EDI email is also accessible as a method of communicating with FCSO. 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 FCSO EDI help desk and email access, feel free to communicate via alternative methods (see section 5 below for contact information).

FCSO also has several external communication components in place to reach out to the trading partner community. FCSO posts all critical updates, system issues and EDI specific billing material to their website, <http://medicare.fcso.com>. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. FCSO also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every 3 months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for FCSO's distribution list by signing up for eNews at <http://medicare.fcso.com> in the section titled Join eNews.

- Enter your email address
- Press the "Join Now" button.
- Select the lists that interest you, and click the submit button located at the bottom of the page.

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

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 FCSO support many different types of trading partners or customers for electronic data interchange (EDI). To ensure proper registration it is important to understand the terminology associated with each customer type.

A **Submitter** is the entity that owns the submitter ID associated with the healthcare 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 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 FCSO is a Medicare FFS trading partner.

Provider/Supplier – the entity that renders services to beneficiaries and submits health care claims to Medicare.

A **Vendor** is 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 billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions with Medicare FFS.

Billing Service – a third party that prepares and/or submits claims for a provider/supplier.

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/supplier.

Network Service Vendor – a third party that provides connectivity between a provider, supplier, clearing house or billing service and FCSO.


Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI enrollment form designates the Medicare contractor and/or CEDI as the entity they agree to engage in for EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged. The forms can be accessed at:

http://medicare.fcso.com/EDI_Forms/.

Entities processing paper do not need to complete an EDI registration.

Once the form(s) have been downloaded and completed, they can be faxed or mailed to FCSO Medicare EDI. (see section 5 for contact information). When your forms have been processed you will be notified that your enrollment has been completed or returned as unprocessable, via postal service.

Under HIPAA, EDI applies to all covered entities transmitting the following administrative transactions: 837I and 837P, 835, 270/271, 276/277 and NCPDP. Beginning on January 1, 2011, Medicare contractors and CEDI will also use the TA1, 999 and 277CA error handling transactions.

Medicare requires that First Coast Service Options, Inc. (FCSO) furnish new providers/suppliers that request Medicare claim privileges information on EDI. Additionally, Medicare requires FCSO to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3.0 below), and enroll and assign submitter EDI identification numbers to those approved to use EDI. The EDI enrollment process for the Medicare beneficiary inquiry system (HETS 270/271) is currently a separate process. Information on the EDI enrollment process for HETS can be found on the CMS HETSHelp website (<http://www.cms.gov/HETSHelp/> .

A provider must obtain an NPI and furnish that NPI to FCSO prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. FCSO is required to verify that NPI is on the NPI Crosswalk. If the NPI is not verified on the NPI Crosswalk, the EDI Enrollment Agreement is denied and the provider is encouraged to contact FCSO provider enrollment

department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for DME suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as a provider's electronic signature and the provider would be liable if any entity with which the provider improperly shared the ID and password performed an illegal action while using that ID and password. A provider's EDI access number and password are not part of the capital property of the provider's operation, and may not be given to a new owner of the provider's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse or network services vendor, they are 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 use of Medicare beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers. Providers will notify FCSO which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with FCSO by completing the third party agreement form. This will insure that their connectivity is completed properly; however, a separate enrollment may be required for enrollment in mailing lists to receive all publications and email notifications.

This agreement can be downloaded from the EDI forms page at:

http://medicare.fcso.com/EDI_forms/190816.pdf 

Providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse/network service vendor. Providers must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary

eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a provider's EDI number and password to access Medicare systems. Clearinghouse and other third party representatives must obtain and use their own unique EDI access number and password from FCSO. For a complete reference to security requirements see section 4.4 below and refer to the Appendix A CMSR High Impact Level Data document located on the CMS website

(http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMS_R_HIGH.pdf )

2.3 Trading Partner Testing and Certification Process

To begin the testing and certification process, trading partners should contact Medicare EDI at 1-888-670-0940 option -5 for available test dates and times. Tests submitted without a scheduled appointment will not be evaluated. If you are unable to submit on the day of your appointment, you must reschedule.

Test claims can be new or previously submitted paid claims. Your test is submitted into a separate testing environment and is not processed for payment. If you receive a rejection on your acknowledgement, it is recommended to submit multiple transmissions (the day of your appointment) until you receive a positive acknowledgement. If you are unable to correct your file and resubmit on the day of your appointment, you must reschedule.

The EDI testing area will evaluate the final submission of the day and contact the submitter via fax or email with the results.

3. Testing and Certification Requirements

3.1 Testing Requirements

All claim submitters must produce accurate electronic test claims before being allowed to submit claim transactions in production. All submitters must send a test file containing at least 25 claims, which are representative of their practice or services. The number of claims could be increased or decreased, on a case by case basis, to ensure adequate testing of any given submitter. Test claims are subject to standard syntax and IG semantic data edits; documentation will be provided when this process detects errors.

- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits. Test files must pass 100 percent of the standard syntax edits before production is approved.
- IG Semantic Data testing validates data required for claims processing, e.g., procedure/diagnosis codes, modifiers. A submitter must demonstrate, at a minimum, a 95 percent accuracy rate in data testing before production is approved where, in the judgment of FCSO, the vendor/submitter will make the necessary correction(s) prior to submitting a production file. For FIs, the minimum 95 percent accuracy rate includes the front-end edits applied using the FISS implementation guide editing module.
- Test results will be provided to the submitter within three (3) business days; during HIPAA version transitions this time period may be extended, not to exceed ten (10) business days.

Many claim submitters use the same software, or the same clearinghouse to submit their electronic claims to Medicare. Once a vendor or clearinghouse passes the testing process, clients of that entity using the approved software will not be required to test prior to being migrated to production. If a vendor or clearinghouse supports multiple software products, each product will require testing. Third party agents who have passed testing will be required to provide FCSO with their client migration schedule.

Providers/suppliers who submit transactions directly to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, and billing services and clearinghouses that submit transactions to more than one FI, Carrier,

RHHI, A/B MAC, and/or CEDI, must contact each FI, Carrier, RHHI, A/B MAC, and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional provider. The individual FI, Carrier, RHHI, A/B MAC, and/or CEDI may need to retest at that time to re-establish compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the provider that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See section 2.2 above for further information on EDI Enrollment.

3.2 Certification Requirements

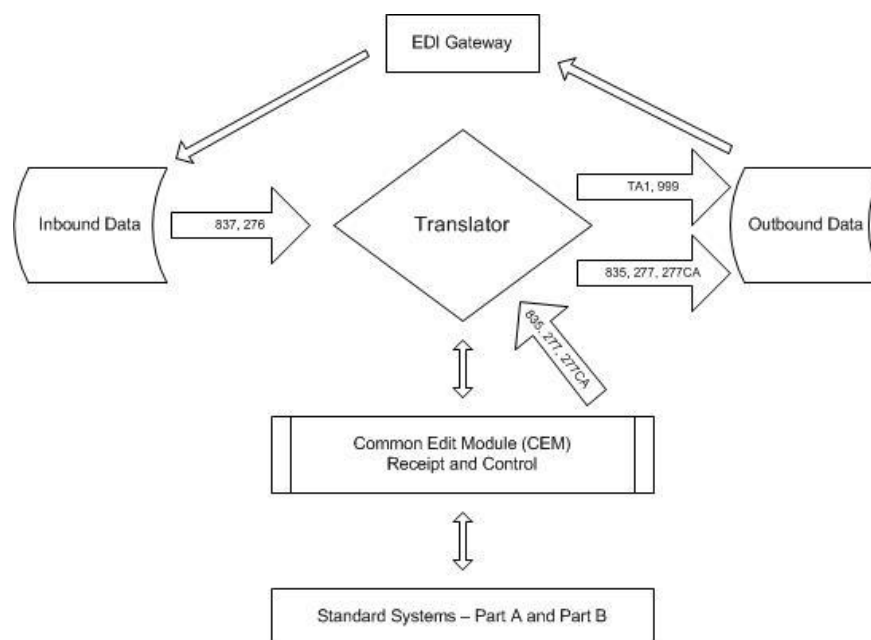
Medicare FFS does not certify providers/suppliers; however, FCSO does certify vendors, clearinghouses, and billing services in the form of testing with them and maintaining an approved vendor list that can be accessed at:

http://medicare.fcso.com/EDI_resources


4. Connectivity / Communications

4.1 Process flows

The Electronic Data Interchange (EDI) Gateway is the system for managing data and communications between its electronic trading partners and the various FCSO lines of business (Medicare A & Medicare B). The EDI Gateway is the only means of exchanging electronic transactions with FCSO. The EDI Gateway receives and delivers transaction data (claims, claim status, remittances, etc.) between FCSO and its trading partners. The system is available 24 hours a day, 7 days a week. The diagram below reflects a high level transaction flow:



4.2 Transmission Administrative Procedures

For connectivity specifications access the FCSO's Guide to Gateway at: http://medicare.fcso.com/EDI_resources/138174.pdf 

4.2.1 Re-transmission procedures

Submitters can retransmit rejected files at their discretion. To avoid a file duplication reject we suggest any one of the following:

- Re-batch your file to change the control number in the ISA segment
- Add or remove a claim
- Correct the cause of the rejection

Any file resubmitted within 30 days will reject as a duplicate file if the two files are an exact byte for byte match.

4.3 Communication Protocols

First Coast Service Options, Inc. supports the following types of Communication Protocols:

1. Asynchronous modem Dial-up:
2. Transfer Protocol:
 - a. File Transfer Protocol (FTP)

Protocol	Number
Asynchronous	1-904-356-0237
File Transfer Protocol (FTP)	1-904-360-6220





The EDI Gateway is **file** oriented. All commands and health care transactions that the trading partner sends or receives are in a file and are broken down into the following simple phases of file transfer:

LOGON, SUBMIT, OBTAIN, and LOGOFF.

A typical session uses Xmodem file transfer protocol to transfer commands and data between the trading partner and EDI Gateway and consists of the following steps:

- Trading Partner **modem dials and connects** with Gateway modem
- Gateway Sends Session Start Text (“+++”)
- Trading Partner Sends **LOGON** command file
- Trading Partner Sends **SUBMIT** command file
- Trading Partner Sends **data** file
- Trading Partner Sends **OBTAIN** command file
- Trading Partner Receives **data** file
- Trading Partner Sends **LOGOFF** command file
- Trading Partner Receives **Session Messages** file
- Mutual **Disconnect**

Below is a list of CMS approved AT&T Global Network services Resellers.

Company Name	Phone Number	Web Address
AHDS	1-877-214-0990	http://www.ahds.com/fcso 
ECC Technologies	1-585-377-1850 x224	http://www.ecctec.com/ 
IVANS	1-800-548-2690	http://www.ivans.com/medicareaccess 
ABILITY Network Inc™	1-888-895-2649	http://www.abilitynetwork.com/ 

NOTE: Internet is not currently a Medicare FFS approved communication protocol, except under the internet portal demonstrations, for select transactions and with prior CMS approval.

4.4 Security Protocols

Trading Partners who conduct business with Medicare are subject to CMS security policies.

CMS' information security policy strictly prohibits any trading partner from outsourcing system functions to any resource located outside of the United States or its territories. Prohibited outsourced functions include but are not limited to the transmission of electronic claims, receipt of 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, including but not limited to EDI front-end access or EDC RACF user access. FCSO is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section SA-9**) located on the CMS website

(http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf ).

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 EDC RACF user access. FCSO is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section IA-2**) located on the CMS website

(http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf ).

Providers who wish to use the EDI Gateway must first complete and submit an EDI enrollment form and a New Installation form. Upon successful enrollment, FCSO will assign a unique mailbox ID and an initial password to the provider. This information will be either faxed or

mailed, via postal service, to the address on file. For security reasons, this information cannot be emailed.

The mailbox ID and password are used in your logon command in your billing software and must remain current to avoid transmission disruptions.

Mailbox ID criteria

- Mailbox IDs are case sensitive.
- The mailbox ID is exactly 9 characters long and may contain upper or lower case letters [A-Z, a-z] or numbers [0-9].
- The mailbox ID does not expire and must be entered exactly as given.

Password criteria

- The password expires every 60 days.
 1. To inquire on the password expiration date:
<http://medicare.fcso.com/Gateway/Check.asp>
 2. To reset your password:
<http://medicare.fcso.com/Gateway/>
- Passwords must be exactly 8 characters long and may contain a combination of letters and numbers, but the letters must be upper case.
- Passwords may not be repeated within 10 updates and must differ from previous passwords by at least 4 characters.
- Passwords may not be the same as your mailbox ID.
- You cannot use the word "PASSWORD."

5. Contact information

5.1 EDI Customer Service

- **Address:**
First Coast Service Options Inc.
P.O. Box 44071
Jacksonville, FL 32231-4071
- **Telephone Number:**
EDI General Support
1-888-670-0940
- **Fax:** 904-361-0470
- **Email Address:**
The EDI Help Desk can also be contacted via email at <mailto:Medicare.EDI@FCSO.com> . A 24-hour turnaround should be maintained when communicating via email.
- **Hours of Operation:**
The Medicare EDI phone lines are available Monday - Thursday 8:00 - 12:30 and 1:30 to 4:30 and Friday's from 12:30 to 4:30 eastern standard time. A list of FCSO Observed Holidays can be found at: <http://medicare.fcso.com/Contacts/179510.asp>

5.2 EDI Technical Assistance

- **Address:**
First Coast Service Options Inc.
P.O. Box 44071
Jacksonville, FL 32231-4071
- **Telephone Number:**
EDI Support
General:
1-888-670-0940 option-1
PC-ACE:
1-888-670-0940 option- 2
DDE:
1-888-670-0940 option- 3
ENROLLMENT:
1-888-670-0940 option- 4
TESTING:
1-888-670-0940 option- 5

- **Email Address:**
The EDI Help Desk can also be contacted via email at Medicare.EDI@FCSO.com . A 24-hour turnaround should be maintained when communicating via email.
- **Hours of Operation:**
The Medicare EDI phone lines are open Monday - Thursday 8:00 - 12:30 and 1:30 to 4:30 and Friday's from 12:30 to 4:30 eastern standard time. A list of FCSO Observed Holidays can be found at: <http://medicare.fcso.com/Contacts/179510.asp>

5.3 Provider Services

The First Coast Service Options, Inc. Provider Contact Center (PCC) customer service representatives are available to assist you with a wide-range of Medicare coverage and billing-related inquiries. Please review the following information on the types of inquiries the PCC is available to assist you with.

Provider Contact Center

Part A: FL, USVI -- 1-888-664-4112; PR -- 1-877-908-8433

Part B: FL, USVI -- 1-866-454-9007; PR -- 1-877-715-1921

Representatives are available to:

- assist with general Medicare information/billing questions;
- clarify why a claim processed the way it did;
- provide guidance on how to use the interactive voice response (IVR) system and the medicare.fcso.com Web site; and
- assist with other complex issues that cannot be addressed through the IVR system.

Representatives are not able to:

- provide claim status, beneficiary eligibility, or any other information that is available through the IVR system;
- provide information on what modifiers, diagnosis codes, current procedural terminology (CPT) codes or Healthcare Common Procedure Coding System (HCPCS) to use for specific claims or beneficiaries;
- preauthorize any type of service or supply; and
- answer inquiries from beneficiaries or their representatives.

Interactive Voice Response

Dedicated telephone numbers are:

- Part A (877-602-8816)
- Part B (877-847-4992)

Specific claims, enrollment, and eligibility information is available during the following designated business hours:

Part A: 7:00 AM-7:00 PM Monday-Friday and 7:00 AM-3:00 PM Saturday

Part B: 7:00 AM-6:30 PM Monday-Friday and 7:00 AM-3:00 PM Saturday

• **General and hot topics information is available 24-hours a day**

5.4 Applicable Websites / email

See section 2.1 Working Together above for applicable website/email information.

6. Control Segments / Envelopes

Enveloping information must be as follows:

Element	Name	Codes/Content	Notes/Comments								
ISA	Interchange Control Header										
ISA01	Authorization Information Qualifier	00	Medicare expects the value to be 00. ISA02 shall contain 10 blank spaces.								
ISA02	Authorization Information										
ISA03	Security Information Qualifier	00	Medicare expects the value to be 00.								
ISA04	Security Information		Medicare does not use Security Information and will ignore content sent in ISA04.								
ISA05	Interchange ID Qualifier	27 28 ZZ	ISA05 = 28 or ZZ for 837I ISA05 = 27 or ZZ for 837P ISA05 = ZZ for 276								
ISA06	Interchange Sender ID		MAC assigned Submitter ID. This is also required in the GS02 and 1000A NM109 for the 837.								
ISA07	Interchange ID Qualifier	27 28 ZZ	ISA07 = 28 or ZZ for 837I ISA07 = 27 or ZZ for 837P ISA07 = ZZ for 276								
ISA08	Interchange Receiver ID		592015694								
ISA11	Repetition Separator		Must be present								
ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 - Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope								
GS02	Application Sender Code		Include submitter number assigned by the MAC.								
GS03	Application Receiver's Code		<table border="0"> <tr> <td>PART A</td> <td>PART B</td> </tr> <tr> <td>Florida - 09101</td> <td>Florida - 09102</td> </tr> <tr> <td>Puerto Rico - 09201</td> <td>Puerto Rico - 09202</td> </tr> <tr> <td>U.S. Virgin Islands - 09201</td> <td>U.S. Virgin Islands - 09302</td> </tr> </table>	PART A	PART B	Florida - 09101	Florida - 09102	Puerto Rico - 09201	Puerto Rico - 09202	U.S. Virgin Islands - 09201	U.S. Virgin Islands - 09302
PART A	PART B										
Florida - 09101	Florida - 09102										
Puerto Rico - 09201	Puerto Rico - 09202										
U.S. Virgin Islands - 09201	U.S. Virgin Islands - 09302										
GS08	Version Identifier Code	837I 005010X223A2 837P 005010X222A1 276 005010X212 No Errata version change	ERRATA Versions, when applicable. GS08 must also match the ST03.								
NM109 837- 1000A loop 276- 2100B loop			Submitter ID. Must match the value submitted in ISA 06 and GS02.								
NM109 837- 1000B loop 276- 2100A loop			Receiver ID. Must match value submitted in GS03.								

Interchange Control (ISA/IEA), Function Group (GS/GE), and Transaction (ST/SE) envelopes must be used as described in the national implementation guides. Medicare’s expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each Transaction Information companion Guide.

Note: Medicare only accepts functional groups based upon one TR3 Implementation Guide per Interchange Envelope (ISA/IEA). If transactions based upon more than one TR3 Implementation Guide are being submitted, each must be contained within its own Interchange

For Medicare FFS specific guidance refer to the appropriate Medicare FFS transaction specific edit documents found at <http://www.cms.gov/ElectronicBillingEDITrans/>

6.1 ISA-IEA

Delimiters – Inbound Transactions

As detailed in the HIPAA adopted implementation guides, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to Medicare (inbound transmissions), these characters are determined by the submitter and can be any characters which are not contained within any data elements within the ISA/IEA Interchange Envelope.

Delimiters – Outbound Transactions

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local FI, RHHI, Carrier, A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E
Component Element Separator	:	58	3A
Segment Terminator	~	126	7E

Inbound Data Element Detail and Explanation

All data elements within the interchange envelop (ISA/IEA) must follow X12 syntax rules as defined within the adopted implementation guide.

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 the transaction specific appendices of this companion guide.

6.3 ST-SE

Medicare has no requirements outside the HIPAA adopted transaction implementation guides.

7. Acknowledgements and Reports

When submitting ANSI transactions, a TA1 (Interchange Acknowledgment), ANSI 999 (Implementation Acknowledgment) , or 277CA (Claims Acknowledgment) is created for each submitted ANSI file.

1. TA1 - Interchange Acknowledgment - File Rejected

```
ISA*00* 00* *ZZ*592015694*ZZ*999999999*980903*1215**00501*100469823*0*P*>
TA1*000000003*991229*1650*R*024
IEA*0*100469823
```

Note: ISA-14 must contain a "1" in order to receive a TA1 rejection. If the ISA-14 is populated with a "0" a TA1 will not be returned.

2. 999 - Implementation Acknowledgment - File Accepted

```
ISA*00* 00* *ZZ*592015694 *ZZ*999999999 *110126*1316**00501*000000001*0*P*::~~
GS*FA*09101*A9999*20110126*131612*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*17001*005010X223A1~
AK2*837*000000001*005010X223A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000001~
```

3. 999 - Implementation Acknowledgment - File Accepted with Errors

```
ISA*00* 00* *ZZ*592015694 *ZZ*999999999 *110111*1315**00501*000000001*0*P*::~~
GS*FA*09101*A9999*20110111*131550*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*17001*005010X223A1~
AK2*837*000000001*005010X223A1~
IK3*SE*60*2430*4~
IK5*E*5~
AK9*E*1*1*1~
SE*7*0001~
GE*1*1~
IEA*1*000000001~
```

4. 999 - Implementation Acknowledgment - File Rejected

```
ISA*00* 00* *ZZ*592015694 *ZZ*999999999 *101203*0907**00501*000000001*0*P*::~~
GS*FA*09101*A9999*20101203*090751*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*17001*005010X223A1~
AK2*837*69791639*005010X223A1~
IK3*DTP*46*2430*8~ISA
IK4*3*1251*7*20100101~
IK3*AMT*47*2430*8~
IK4*1*522*7*EAL~
IK5*R*5~
AK9*R*1*1*0~
SE*10*0001~
GE*1*1~
IEA*1*000000001~
```

4. 277CA - Claim Acknowledgment

```

ISA*00*      *00*      *ZZ*592015694  *ZZ*999999999  *110113*1022*^*00501*00000001*0*P*~
GS*HN*09101*A9999*20110113*102222*1*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*11013*20110113*102222*TH~
HL*1**20*1~
NM1*PR*2*FIRST COAST SERVICE OPTIONS*****46*09101~
TRN*1*0910220110113000001~
DTP*050*D8*20110113~
DTP*009*D8*20110113~
HL*2*1*21*1~
NM1*41*2*FCSO BASE FILE*****46*A9999~
TRN*2*244579~
STC*A1:19:PR*20110113*WQ*100.00~
QTY*90*1~
AMT*YU*100.00~
HL*3*2*19*1~
NM1*85*2*DR SMITH*****XX*999999999~
TRN*1*FCSO12345~
STC*A1:19:PR**WQ*100.00~
QTY*QA*1~
AMT*YU*100.00~
HL*4*3*PT~
NM1*QC*1*TEST*BEATRICE****MI*100000000A~
TRN*2*BEA12345~
STC*A2:20:PR*20110113*WQ*100.00~
REF*1K*0211013001010~
REF*D9*17312345600006351~
DTP*472*RD8*20061003-20061010~
SE*27*000000001~
GE*1*1~
IEA*1*000000001~
    
```

7.1 ASC X12 Acknowledgments

Medicare has adopted two new acknowledgement transactions, the 999 Implementation Acknowledgment For Health Care Insurance and the 277 Claims Acknowledgement or 277CA. These two acknowledgments will replace proprietary reports previously provided by FCSO.

Medicare FFS has adopted a process to only reject claim submissions that are out of compliance with the ASC X12 version 5010 standard; the appropriate response for such errors will be returned on a 999 Implementation Acknowledgment transaction. Batch submissions with errors will not be rejected in totality, unless warranted, but will selectively reject the claims submitted in error within it. Thus, Medicare FFS will reject claim submissions and return a 999 Implementation Acknowledgment transaction with the error responses listed within the 837 Institutional or Professional Edits Spreadsheet found at <http://www.cms.gov/ElectronicBillingEDITrans/>.

7.2 Report Inventory

FCSO only returns ANSI-X12 Acknowledgements as listed below:

Report name	Description
TA1	Interchange Acknowledgment
999	999A - Implementation Acknowledgment - Accepted 999E - Implementation Acknowledgment - Accepted with Errors 999R - Implementation Acknowledgment - Rejected
277CA	Claim Acknowledgment

Note: The 277 CA replaces the Part B EDI Batch Detail Control Listing Report, and the Part A Accept/Reject report.

8. Additional Trading Partner Information

FCSO has provided the following requirements that will assist you in a successful file transmission.

- All files submitted to FCSO must be submitted in uppercase.
- FCSO will edit data submitted within the envelope segments (ISA, GS, and ST). Requirements are listed in this document under "Control Segments."
- Once you are given the approval to begin submitting production, the indicator in ISA-15 should be changed to "P."
- New with 5010: ISA06, GS02, and NM109 (837 1000A Loop or the 276 2100B Loop) must contain the same sender number.
- FCSO will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for the transaction being submitted.
- FCSO suggests retrieval of the ANSI 999 functional acknowledgment no later than five days after the file submission.
- FCSO will reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction set control number) elements within the same GS to GE envelope.
- Only valid qualifiers for Medicare must be submitted on incoming transactions. Any qualifiers submitted for Medicare processing that are not defined for use will be errored back to the submitter.
- All PWK data relevant to the claim being submitted must accompany a completed cover sheet. The PWK documentation and coversheet may not be submitted prior to submission of the claim.

8.1 Implementation Checklist

1. **Complete the proper forms:** Once you decide to submit claims electronically, you will need to complete the following forms:
 - **Electronic Data Interchange (EDI) enrollment form:** This form is an agreement mandated by the Centers for Medicare & Medicaid Services (CMS) to be completed by each provider AND
 - **New sender installation/change of vendor form:** This form will allow you to receive a sender/submitter number, mailbox ID and a password, which allows you to access different applications. Complete this form if your office will perform the electronic billing. OR

- **Change of information (COI):** This form will add a provider number to an existing sender code. Complete this form if a third party such as a clearinghouse will perform the electronic billing on your behalf.

The above forms include detailed completion instructions and can be faxed or mailed.

2. **Schedule Testing appointment:** Once you have been assigned an EMC sender/submitter number you will be required to submit a batch of test claims (from your office to our office not the vendor location), for evaluation.

To begin the testing and certification process, trading partners must contact Medicare EDI at 1-888-670-0940 option -5 for available test dates and times. Tests submitted without a scheduled appointment will not be evaluated. If you are unable to submit on the day of your appointment, you must reschedule.

3. **Submit test claims:** The Medicare EDI testing area will evaluate the test and contact you with the results. The test must meet accuracy requirements to be approved to submit production electronic claims for processing.

Test claims can be new or previously submitted paid claims. Your test is submitted into a separate testing environment and is not processed for payment. If you receive a rejection on your acknowledgement, it is recommended to submit multiple transmissions (the day of your appointment) until you receive a positive acknowledgement. If you are unable to correct your file and resubmit on the day of your appointment, you must reschedule. You should receive the test results within three working days from the date the test data is received by FCSO EDI.

4. **Submit production claims:** Upon approval to submit production claims (passed the test), providers should begin submitting claims electronically in the production environment, as soon as possible (normally within 30 days). We request that you transmit at least one production batch per month to keep your sender number and password active.

5. **Take advantage of other electronic applications available to providers billing electronic claims:** You can take advantage of other electronic applications that will assist you in maximizing your efficiency. These applications are listed in the order of provider needs.

- Electronic remittance notice (ERN)
- Electronic claim status (ECS)

All of the electronic applications are similar to electronic claims submission in the fact that you will need to obtain the software application from your software support vendor. Medicare only makes the applications available for use and does not provide the actual software application.

8.2 Transmission Examples

837 Institutional Claim

```

ISA*00*          *00*          *ZZ*A9999          *ZZ*999999999          *100409*1154*^*00501*000003101*1*P*~
GS*HC*A9999*09101*20100409*1615*3105*X*005010X223A2~
ST*837*3101*005010X223A2~
BHT*0019*00*3920394930203*20100409*1615*CH~
NM1*41*1*JOHNSON*BARBARA*T***46*A9999~
PER*IC*ARTHUR JONES*TE*6145551212~
NM1*40*2*FIRST COAST SERVICE OPTIONS*****46*09101~
HL*1**20*1~
NM1*85*2*SAMPLE HOSPITAL *****XX*9999999991~
N3*157 WEST 57TH STREET~
N4*CINCINNATI*OH*430171234~
REF*EI*591234567~
HL*2*1*22*0~
SBR*P*18*****MA~
NM1*IL*1*PAN*PETER****MI*100000000A~
N3*PO BOX 123~
N4*COLUMBUS*OH*43017~
DMG*D8*19511204*M~
NM1*PR*2*MEDICARE PART A FL *****PI*09101~
N4*JACKSONVILLE*FL*322310000~
CLM*2235057*100***13:A:1**A*Y*I~
DTP*434*RD8*20100409-20100409~
CL1**1*01~
HI*BK:4019~
NM1*77*2*SAMPLE HOSPITAL *****XX*9999999991~
N3*PO BOX 123~
N4*CINCINNATI*OH*43017~
LX*1~
SV2*0301*HC:80048*100*UN*1~
DTP*472*D8*20100409~
SE*29*3101~
GE*1*3105~
IEA*1*000003101~
    
```

837 – Professional Claim

ISA*00* ***00*** ***ZZ*A0014** ***ZZ*592015694** ***081017*0852*^*00501*006745112*1*P*~**
GS*HC*A0014*09102*20081017*0929*6745112*X*005010X222A1~
 ST*837*6847.060M*005010X222A1~
 BHT*0019*00*244579*20061015*1023*CH~
 NM1*41*1*JOHNSON*BARBARA*T***46*A0014~
 PER*IC*MIKE*TE*9047916000*EX*231~
 NM1*40*2*MEDICARE FLB****46*09102~
 HL*1**20*1~
 PRV*BI*PXC*2085R0202X~
 NM1*85*2*DR SMITH*****XX*9999999999~
 N3*123 OCEAN AVE~
 N4*JACKSONVILLE*FL*322051234~
 REF*EI*568123456~
 NM1*87*2~
 N3*2345 RIVER RD~
 N4*JACKSONVILLE*FL*322051234~
 HL*2*1*22*0~
 SBR*P*18**MEDICARE****MB~
 NM1*IL*1*SMITH*JANE****MI*200000000A~
 N3*236 N MAIN ST~
 N4*MIAMI*FL*33413~
 DMG*D8*19550501*F~
 NM1*PR*2*MEDICARE****PI*09102~
 N3*PO BOX 44117~
 N4*JACKSONVILLE*FL*322314117~
 CLM*12345678*100***11:B:1*Y*A*Y*I~
 REF*D9*17312345600006351~
 HI*BK:0340*BF:V7389~
 LX*1~
 SV1*HC:99213*40*UN*1***1~
 DTP*472*D8*20061003~
 LX*2~
 SV1*HC:87070*15*UN*1***1~
 DTP*472*D8*20061003~
 LX*3~
 SV1*HC:99214*35*UN*1***2~
 DTP*472*D8*20061010~
 LX*4~
 SV1*HC:86663*10*UN*1***2~
 DTP*472*D8*20061010~
 SE*39*6847.060M~
GE*1*6745112~
IEA*1*006745112~

276- Claim Status - Multiple Interchanges

```

ISA*00*      *00*      *ZZ*A0014      *ZZ*592015694      *090804*1828**^*00501*000000001*1*P*>~
GS*HR*A0014*09102*20090804*1828*100000001*X*005010X212~
ST*276*6A92000Cx*005010X212~
BHT*0010*13*6A92000Cx.HL01.0001*20090804*1828~
HL*1**20*1~
NM1*PR*2*MEDICARE - PART B*****PI*09102~
HL*2*1*21*1~
NM1*41*2*COMPUTER SCIENCES CORP*****46*A0014~
HL*3*2*19*1~
NM1*1P*1*MATHEWS*JOHN****XX*9999999999~
HL*4*3*22*0~
DMG*D8*19220117*F~
NM1*IL*1*TEST*PART****MI*300000000A~
TRN*1*048EU00148DAD~
AMT*T3*65~
DTP*472*RD8*20090701-20090701~
SE*15*6A92000Cx~
GE*1*100000001~
IEA*1*000000001~
ISA*00*      *00*      *ZZ*A0014      *ZZ*592015694      *090804*1828**^*00501*000000002*1*P*>~
GS*HR*A0014*09102*20090804*1828*100000002*X*005010X212~
ST*276*6A92000Cx*005010X212~
BHT*0010*13*6A92000Cx.HL02.0001*20090804*1828~
HL*1**20*1~
NM1*PR*2*MEDICARE - PART B*****PI*09102~
HL*2*1*21*1~
NM1*41*2*COMPUTER SCIENCES CORP*****46*A0014~
HL*3*2*19*1~
NM1*1P*1*MATHEWS*JOHN****XX*9999999999~
HL*4*3*22*0~
DMG*D8*19220117*F~
NM1*IL*1*TEST*PART****MI*300000000A~
TRN*1*048EU00148DAD~
AMT*T3*65~
DTP*472*RD8*20090701-20090701~
SE*15*6A92000Cx~
GE*1*100000002~
IEA*1*000000002~
    
```

8.3 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 FCSO. This agreement can be found at http://medicare.fcso.com/EDI_Forms.

Additionally, FCSO requires the following: There are no additional requirements for the Trading Partner Agreement. All procedures are outlined in the EDI enrollment and registration process section 2.2 Trading Partner Registration.

8.4 Frequently Asked Questions



Frequently asked questions can be accessed at:

<http://www.cms.gov/ElectronicBillingEDITrans/> .

FCSO-specific FAQ's can be accessed at:

<http://medicare.fcso.com/FAQs/index.asp>

8.5 Other Resources

- National Plan and Provider Enumeration System (NPPES)
<https://nppes.cms.hhs.gov/NPPES/Welcome.do> 
- Workgroup for Electronic Data Interchange (WEDI)
<http://www.wedi.org/index.shtml> 

9. Trading Partner Information Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	February 14, 2011	All	1 st Publication Version
3.0	February 23, 2011	4.3	Company Name and Web address update
3.0B	April 2011	6.0	2 nd Publication Version

10. Appendices

A. 837 Institutional Claim Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A2837ACG.pdf>



B. 837 Professional Claim Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1837BCG.pdf>



C. 276/277 Claim Status Inquiry and Response Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010276277CG.pdf>



D. 835 Remittance Advice Transaction Specific Information

<http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1835CG.pdf>

